

## Disclaimer

The following report(s) provides findings from an FDA-initiated query using Sentinel. While Sentinel queries may be undertaken to assess potential medical product safety risks, they may also be initiated for various other reasons. Some examples include determining a rate or count of an identified health outcome of interest, examining medical product use, exploring the feasibility of future, more detailed analyses within Sentinel, and seeking to better understand Sentinel capabilities.

Data obtained through Sentinel are intended to complement other types of evidence such as preclinical studies, clinical trials, postmarket studies, and adverse event reports, all of which are used by FDA to inform regulatory decisions regarding medical product safety. The information contained in this report is provided as part of FDA's commitment to place knowledge acquired from Sentinel in the public domain as soon as possible. Any public health actions taken by FDA regarding products involved in Sentinel queries will continue to be communicated through existing channels.

FDA wants to emphasize that the fact that FDA has initiated a query involving a medical product and is reporting findings related to that query does not mean that FDA is suggesting health care practitioners should change their prescribing practices for the medical product or that patients taking the medical product should stop using it. Patients who have questions about the use of an identified medical product should contact their health care practitioners.

The following report contains a description of the request, request specifications, and results from the modular program run(s).

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## Overview for Request: cder\_mpl1p\_wp031

**Request ID:** cder\_mpl1p\_wp031

**Request Description:** In this report we examined characteristics of patients receiving disease-modifying anti-rheumatic drugs (DMARDs), tumor necrosis factor inhibitors (TNFi), or tofacitinib in the Sentinel Distributed Database (SDD) along with switching patterns observed between these exposures.

**Sentinel Routine Querying Module:** Cohort Identification and Descriptive Analysis (CIDA) module, version 8.1.1, with ad hoc programming.

**Data Source:** We distributed this request to 16 Sentinel Data Partners (DPs) on February 25, 2020. The study period included data from November 1, 2012 through September 30, 2019. Please see Appendix A for a list of dates of available data for each Data Partner.

**Study Design:** We identified prevalent/new users of DMARDs, TNF inhibitors, and tofacitinib among patients who were 18 years of age or older. We examined switch patterns within these cohorts among patients who switched from Minor DMARDs to TNFi to tofacitinib, Minor DMARDs excluding TNFi to tofacitinib, and TNFi to tofacitinib.

This is a Type 6 analysis in the Query Request Package (QRP) documentation

(<https://dev.sentinel-system.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

**Exposures of Interest:** The exposures of interest were DMARDs, TNF inhibitors, and tofacitinib. We identified the exposures of interest using outpatient pharmacy dispensing records and Healthcare Common Procedure Coding System (HCPCS) codes. Each qualifying (index) episode of DMARDs, TNF inhibitors, and tofacitinib was identified; cohort re-entry was allowed. Please see Appendix B for a list of generic and brand names of medical products and Appendix C for HCPCS codes used to define exposures in this request.

**Cohort Eligibility Criteria:** We required members to be enrolled in health plans with medical and drug coverage in the 365 days prior to their index date in order to be included in the cohort; continuous enrollment allowed a gap in coverage of up to 45 days. The following age groups were included in the cohort: 18-44, 45-65, 65+ years. New users were identified by requiring no prior evidence of the index exposure in prior 365 days and exclusion criteria listed below. We applied specific exclusion criteria that varied by the 6 exposure cohorts:

1. Prevalent/New Tofacitinib users: prevalent for DMARDs and required to have no TNFi or Other biologics use in prior enrollment history
2. Prevalent/New Tofacitinib users: prevalent for TNFi and DMARDs and required to have no prior Other biologics use in prior enrollment history
3. Prevalent/New Tofacitinib users: prevalent for other biologics and DMARDs and required to have no TNFi use in prior enrollment history
4. Prevalent/New Tofacitinib users: naïve to all other treatments and required to have no TNFi, Other biologics, or DMARDs use in prior enrollment history
5. Prevalent/New TNFi users: naïve to all other treatments and required to have no tofacitinib, Other biologics, or DMARDs use in prior enrollment history
6. Prevalent/New TNFi users: prevalent for other biologics and DMARDs and required to have no tofacitinib use in prior enrollment history

Exclusion criteria was defined using HCPCS codes. Please refer to Appendix B and C.

Please note that some exposure cohorts were considered "prevalent" for another drug class and no specific inclusion criteria was applied. For example, Prevalent/New Tofacitinib users: prevalent for DMARDs did not require prior history of DMARDs or on index date of Tofacitinib.

**Follow-up Time:** We created exposure episodes based on the number of days supplied per dispensing in the outpatient pharmacy dispensing records. We bridged together episodes less than 15 days apart. These "as-treated" episodes are the time during which we assessed switching. Follow-up began on the day of the index dispensing and continued until the first occurrence of any of the following: 1) disenrollment; 2) death; 3) the end of the data provided by each Data Partner; 4) product discontinuation.

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**Product Switching:**

We examined the following switch patterns:

**1. Minor DMARDs to TNFi to tofacitinib**

Among prevalent users of Minor DMARDs

- Switches to TNFi
- Switches from TNFi to tofacitinib

**2. Minor DMARDs excluding TNFi to tofacitinib**

Among prevalent users of Minor DMARDs excluding any use of TNFi

- Switches to tofacitinib

**3. TNFi to tofacitinib**

Among prevalent users of TNFi

- Switches to tofacitinib

For the treatment episodes with switch, we allowed a 99% overlap tolerance indicating a 99% percent of overlap days were allowed in between treatment episodes for index and switch exposures. For example in switch pattern TNFi to tofacitinib, we allowed a 99% overlap between treatment episodes for tofacitinib and TNFi. Further, a gap tolerance of 15 days was allowed between treatment episodes for both index and switch exposures.

**Time to switch:** We defined time-to-switch as the duration of exposed time for an existing exposure until a later, qualifying switch-to exposure is observed. We operationalized this definition by creating exposure episodes (see Follow-up Time above) and measuring the number of days between dispensing dates of the existing and switch-to exposures. For example, for switch pattern of Minor DMARDs to TNFi to tofacitinib,

- Time to first switch was the number of days between dispensing dates of the index minor DMARD and a switch to TNFi
- Time to second switch was the number of days between dispensing dates of the TNFi switch episode identified in the previous step and a switch to tofacitinib

**Baseline Characteristics:** We assessed the following characteristics on the index date of exposure episodes and switches: age, year, race, and sex. We assessed the following characteristics in the 365 days prior to and including the index date of exposure episodes and switches: Charlson/Elixhauser combined comorbidity score<sup>1</sup>, Ulcerative Colitis, Rheumatoid Arthritis, Laboratory and imaging procedures (erythrocyte sedimentation rate, C-reactive protein, Complete blood count, chemical panel or electrolyte, Rheumatoid factor quantitative, Anti-cyclic citrullinated peptide, Arthritis Panel, Radiographs including Hand or Foot and C-Spine), Surgeries (any surgery, hand surgery, joint injections), Rheumatoid lung involvement, Felty's syndrome, Sjogrens syndrome, Assistive devices (cane, crutches, walker, wheelchair), Medications dispensed (Nonsteroidal anti-inflammatory drug, DMARD, Methotrexate, Leflunomide, Sulfasalazine, and Hydroxychloriquine), health service and drug utilization. We estimated both counts of exposure episodes with baseline characteristics and frequency of code occurrence during the baseline period for selected baseline characteristics including diagnosis, laboratory and imaging procedures, surgeries, syndromes, assistive devices, and medications dispensed.

Baseline characteristics were defined using using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis codes and HCPCS codes. Please see Appendix D for a list of diagnosis and procedure codes and Appendix E for a list of generic and brand names of medical products used to define baseline characteristics in this request.

Please see Appendices G, H and I for the specifications of parameters used in this request.

**Limitations:** Algorithms to define exposures, exclusion criteria, and baseline characteristics are imperfect and may be misclassified. Therefore, data should be interpreted with this limitation in mind.

**Notes:** Please contact the Sentinel Operations Center ([info@sentinelssystem.org](mailto:info@sentinelssystem.org)) for questions and to provide comments/suggestions for future enhancements to this document. For more information on Sentinel's routine querying modules, please refer to the documentation (<https://dev.sentinelssystem.org/projects/SENTINEL/repos/sentinel-routine-querying-tool-documentation/browse>).

<sup>1</sup>Gagne JJ, Glynn RJ, Avorn J, Levin R, Schneeweiss S. A combined comorbidity score predicted mortality in elderly patients better than existing scores. J Clin Epidemiol. 2011;64(7):749-759

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**Glossary of Terms for Analyses Using  
Cohort Identification and Descriptive Analysis (CIDA) Tool\***

**Amount Supplied** - number of units (pills, tablets, vials) dispensed. Net amount per NDC per dispensing.

**Blackout Period** - number of days at the beginning of a treatment episode that events are to be ignored. If an event occurs during the blackout period, the episode is excluded.

**Care Setting** - type of medical encounter or facility where the exposure, event, or condition code was recorded. Possible care settings include: Inpatient Hospital Stay (IP), Non-Acute Institutional Stay (IS), Emergency Department (ED), Ambulatory Visit (AV), and Other Ambulatory Visit (OA). For laboratory results, possible care settings include: Emergency Department (E), Home (H), Inpatient (I), Outpatient (O), or Unknown or Missing (U). The Care Setting, along with the Principal Diagnosis Indicator (PDX), forms the Care Setting/PDX parameter.

**Ambulatory Visit (AV)** - includes visits at outpatient clinics, same-day surgeries, urgent care visits, and other same-day ambulatory hospital encounters, but excludes emergency department encounters.

**Emergency Department (ED)** - includes ED encounters that become inpatient stays (in which case inpatient stays would be a separate encounter). Excludes urgent care visits.

**Inpatient Hospital Stay (IP)** - includes all inpatient stays, same-day hospital discharges, hospital transfers, and acute hospital care where the discharge is after the admission date.

**Non-Acute Institutional Stay (IS)** - includes hospice, skilled nursing facility (SNF), rehab center, nursing home, residential, overnight non-hospital dialysis and other non-hospital stays.

**Other Ambulatory Visit (OA)** - includes other non overnight AV encounters such as hospice visits, home health visits, skilled nursing facility visits, other non-hospital visits, as well as telemedicine, telephone and email consultations.

**Cohort Definition (drug/exposure)** - indicates how the cohort will be defined: 01: Cohort includes only the first valid treatment episode during the query period; 02: Cohort includes all valid treatment episodes during the query period; 03: Cohort includes all valid treatment episodes during the query period until an event occurs.

**Days Supplied** - number of days supplied for all dispensings in qualifying treatment episodes.

**Eligible Members** - number of members eligible for an incident treatment episode (defined by the drug/exposure and event washout periods) with drug and medical coverage during the query period.

**Enrollment Gap** - number of days allowed between two consecutive enrollment periods without breaking a "continuously enrolled" sequence.

**Episodes** - treatment episodes; length of episode is determined by days supplied in one dispensing or consecutive dispensings bridged by the episode gap.

**Episode Gap** - number of days allowed between two (or more) consecutive exposures (dispensings/procedures) to be considered the same treatment episode.

**Evaluation Period** - number of days relative to index wherein a member is required to have evidence of a condition (diagnosis/procedure/drug dispensing).

**Event Deduplication** - specifies how events are counted by the Modular Program (MP) algorithm: 0: Counts all occurrences of a health outcome of interest (HOI) during an exposure episode; 1: de-duplicates occurrences of the same HOI code and code type on the same day; 2: de-duplicates occurrences of the same HOI group on the same day (e.g., de-duplicates at the group level).

**Exposure Episode Length** - number of days after exposure initiation that is considered "exposed time."

**Exposure Extension Period** - number of days post treatment period in which the outcomes/events are counted for a treatment episode. Extensions are added after any episode gaps have been bridged.

**Maximum Episode Duration** - truncates exposure episodes after a requester-specified number of exposed days. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

**Member-Years** - sum of all days of enrollment with medical and drug coverage in the query period preceded by an exposure washout period all divided by 365.25.

**Minimum Days Supplied** - specifies a minimum number of days in length of the days supplied for the episode to be considered.

**Minimum Episode Duration** - specifies a minimum number of days in length of the episode for it to be considered. Applied after any gaps are bridged and extension days added to the length of the exposure episode.

**Monitoring Period** - used to define time periods of interest for both sequential analysis and simple cohort characterization

**Principal Diagnosis (PDX)** - diagnosis or condition established to be chiefly responsible for admission of the patient to the hospital. 'P' = principal diagnosis, 'S' = secondary diagnosis, 'X' = unspecified diagnosis, '.' = blank. Along with the Care Setting values, forms the CareSetting/PDX parameter.

**Query Period** - period in which the modular program looks for exposures and outcomes of interest.

**Treatment Episode Truncation Indicator** - indicates whether the exposure episode will be truncated at the occurrence of a requester-specified code.

**Washout Period (drug/exposure)** - number of days a user is required to have no evidence of prior exposure (drug dispensing/procedure) and continuous drug and medical coverage prior to an incident treatment episode.

**Washout Period (event/outcome)** - number of days before exposure episode that a user is required to have no evidence of a prior event (procedure/diagnosis) and continuous drug and medical coverage prior to an incident treatment episode.

**Years at Risk** - number of days supplied plus any episode gaps and exposure extension periods all divided by 365.25.

\*all terms may not be used in this report

**Table 1a. Characteristics among Prevalent Users of Tofacitinib Prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	35,950	
Number of unique patients	18,819	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.5	12.1
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	5,499	15.3%
45-64	17,960	50.0%
65+	12,491	34.7%
<b>Sex</b>		
Female	14,997	79.7%
Male	3,822	20.3%
<b>Race<sup>2</sup></b>		
Unknown	8,241	43.8%
American Indian or Alaska Native	132	0.7%
Asian	398	2.1%
Black or African American	1,651	8.8%
Native Hawaiian or Other Pacific Islander	32	0.2%
White	8,365	44.4%
Hispanic Origin	743	3.9%
<b>Year</b>		
2012	16	0.0%
2013	1,396	3.9%
2014	3,049	8.5%
2015	4,199	11.7%
2016	5,809	16.2%
2017	7,426	20.7%
2018	9,669	26.9%
2019	4,386	12.2%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	17.7	17.6
Mean number of emergency room encounters	0.5	1.2
Mean number of non-acute institutional encounters	0.1	0.6
Mean number of other ambulatory encounters	5.4	10.5
Mean number of unique drug classes	9.7	6.4
Mean number of generics	10.6	7.4



**Table 1a. Characteristics among Prevalent Users of Tofacitinib Prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.2	2.1			
Ulcerative Colitis	370	1.0%	0.0	0.2	0	0	0
Rheumatoid Arthritis	30,200	84.0%	3.1	3.3	2	1	4
Erythrocyte Sedimentation Rate	22,186	61.7%	2.1	2.9	1	0	3
C-reactive Protein	21,453	59.7%	2.0	2.8	1	0	3
Complete Blood Count	29,458	81.9%	2.9	3.3	2	1	4
Chemical Panel or Electrolyte	26,006	72.3%	2.5	3.0	1	0	3
Rheumatoid factor quantitative	6,611	18.4%	0.4	1.0	0	0	0
Anti-cyclic citrullinated peptide	6,366	17.7%	0.4	1.0	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	21,775	60.6%	1.9	2.6	1	0	3
Hand or Foot radiographs	8,620	24.0%	0.6	1.5	0	0	0
C-spine radiographs	2,211	6.2%	0.1	0.6	0	0	0
Any surgery	28,765	80.0%	2.8	3.1	2	1	4
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	7,843	21.8%	0.6	1.5	0	0	0
Rheumatoid lung involvement	310	0.9%	0.0	0.3	0	0	0
Felty's syndrome	128	0.4%	0.0	0.1	0	0	0
Sjogrens syndrome	1,738	4.8%	0.1	0.9	0	0	0
Cane	51	0.1%	0.0	0.1	0	0	0
Crutches	81	0.2%	0.0	0.1	0	0	0
Walker	237	0.7%	0.0	0.2	0	0	0
Wheelchair	13	0.0%	0.0	0.1	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	12,749	35.5%	1.1	2.2	0	0	1
DMARDs	20,121	56.0%	1.7	2.6	1	0	2
Methotrexate	11,878	33.0%	1.0	2.2	0	0	1
Leflunomide	5,000	13.9%	0.4	1.3	0	0	0
Sulfasalazine	2,780	7.7%	0.2	1.0	0	0	0
Hydroxychloriquine	7,318	20.4%	0.6	1.6	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined.

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 1b. Characteristics among Prevalent Users of Tofacitinib Prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	69,350	
Number of unique patients	35,661	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.4	12.2
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	10,835	15.6%
45-64	35,663	51.4%
65+	22,852	33.0%
<b>Sex</b>		
Female	28,545	80.0%
Male	7,116	20.0%
<b>Race<sup>2</sup></b>		
Unknown	15,872	44.5%
American Indian or Alaska Native	255	0.7%
Asian	694	1.9%
Black or African American	2,959	8.3%
Native Hawaiian or Other Pacific Islander	60	0.2%
White	15,821	44.4%
Hispanic Origin	1,469	4.1%
<b>Year</b>		
2012	39	0.1%
2013	3,017	4.4%
2014	6,063	8.7%
2015	8,315	12.0%
2016	11,289	16.3%
2017	14,256	20.6%
2018	18,616	26.8%
2019	7,755	11.2%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	20.2	18.0
Mean number of emergency room encounters	0.5	1.3
Mean number of non-acute institutional encounters	0.1	0.5
Mean number of other ambulatory encounters	6.0	10.9
Mean number of unique drug classes	11.0	6.5
Mean number of generics	12.1	7.5

**Table 1b. Characteristics among Prevalent Users of Tofacitinib Prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.3	2.1			
Ulcerative Colitis	1,053	1.5%	0.0	0.3	0	0	0
Rheumatoid Arthritis	61,457	88.6%	3.3	3.4	2	1	5
Erythrocyte Sedimentation Rate	46,606	67.2%	2.2	2.9	1	0	3
C-reactive Protein	45,384	65.4%	2.1	2.9	1	0	3
Complete Blood Count	61,009	88.0%	3.2	3.3	2	1	4
Chemical Panel or Electrolyte	54,009	77.9%	2.7	3.0	2	1	4
Rheumatoid factor quantitative	12,694	18.3%	0.4	1.1	0	0	0
Anti-cyclic citrullinated peptide	12,202	17.6%	0.4	1.1	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	46,702	67.3%	2.2	2.8	1	0	3
Hand or Foot radiographs	18,175	26.2%	0.6	1.5	0	0	1
C-spine radiographs	5,100	7.4%	0.2	0.7	0	0	0
Any surgery	59,373	85.6%	3.0	3.2	2	1	4
Hand Surgery	19	0.0%	0.0	0.0	0	0	0
Joint injections	17,977	25.9%	0.7	1.6	0	0	1
Rheumatoid lung involvement	709	1.0%	0.0	0.3	0	0	0
Felty's syndrome	319	0.5%	0.0	0.2	0	0	0
Sjogrens syndrome	3,604	5.2%	0.2	0.9	0	0	0
Cane	115	0.2%	0.0	0.1	0	0	0
Crutches	227	0.3%	0.0	0.1	0	0	0
Walker	564	0.8%	0.0	0.2	0	0	0
Wheelchair	19	0.0%	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	28,068	40.5%	1.3	2.4	0	0	2
DMARDs	41,350	59.6%	1.9	2.7	1	0	3
Methotrexate	24,571	35.4%	1.1	2.2	0	0	1
Leflunomide	10,298	14.8%	0.4	1.3	0	0	0
Sulfasalazine	5,390	7.8%	0.2	1.1	0	0	0
Hydroxychloriquine	13,857	20.0%	0.6	1.7	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 1c. Characteristics among Prevalent Users of Tofacitinib Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	46,136	
Number of unique patients	23,629	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.7	12.2
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	6,914	15.0%
45-64	23,193	50.3%
65+	16,029	34.7%
<b>Sex</b>		
Female	19,058	80.7%
Male	4,571	19.3%
<b>Race<sup>2</sup></b>		
Unknown	10,082	42.7%
American Indian or Alaska Native	166	0.7%
Asian	464	2.0%
Black or African American	2,028	8.6%
Native Hawaiian or Other Pacific Islander	35	0.1%
White	10,854	45.9%
Hispanic Origin	959	4.1%
<b>Year</b>		
2012	38	0.1%
2013	2,252	4.9%
2014	4,316	9.4%
2015	5,713	12.4%
2016	7,470	16.2%
2017	9,307	20.2%
2018	11,847	25.7%
2019	5,193	11.3%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	19.9	18.6
Mean number of emergency room encounters	0.5	1.3
Mean number of non-acute institutional encounters	0.1	0.6
Mean number of other ambulatory encounters	5.9	11.0
Mean number of unique drug classes	10.6	6.6
Mean number of generics	11.6	7.6

**Table 1c. Characteristics among Prevalent Users of Tofacitinib Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.3	2.2			
Ulcerative Colitis	454	1.0%	0.0	0.2	0	0	0
Rheumatoid Arthritis	39,994	86.7%	3.3	3.4	2	1	4
Erythrocyte Sedimentation Rate	29,742	64.5%	2.2	2.9	1	0	3
C-reactive Protein	28,891	62.6%	2.1	2.9	1	0	3
Complete Blood Count	39,143	84.8%	3.1	3.3	2	1	4
Chemical Panel or Electrolyte	34,872	75.6%	2.6	3.1	2	1	4
Rheumatoid factor quantitative	8,262	17.9%	0.4	1.0	0	0	0
Anti-cyclic citrullinated peptide	7,965	17.3%	0.4	1.0	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	29,802	64.6%	2.1	2.7	1	0	3
Hand or Foot radiographs	11,809	25.6%	0.6	1.5	0	0	1
C-spine radiographs	3,217	7.0%	0.1	0.7	0	0	0
Any surgery	38,449	83.3%	3.0	3.2	2	1	4
Hand Surgery	13	0.0%	0.0	0.0	0	0	0
Joint injections	11,405	24.7%	0.7	1.6	0	0	0
Rheumatoid lung involvement	494	1.1%	0.0	0.3	0	0	0
Felty's syndrome	195	0.4%	0.0	0.2	0	0	0
Sjogrens syndrome	2,630	5.7%	0.2	1.0	0	0	0
Cane	75	0.2%	0.0	0.1	0	0	0
Crutches	129	0.3%	0.0	0.1	0	0	0
Walker	313	0.7%	0.0	0.2	0	0	0
Wheelchair	16	0.0%	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	17,097	37.1%	1.2	2.2	0	0	1
DMARDs	26,357	57.1%	1.8	2.7	1	0	2
Methotrexate	14,891	32.3%	1.0	2.1	0	0	1
Leflunomide	6,867	14.9%	0.4	1.4	0	0	0
Sulfasalazine	3,574	7.7%	0.2	1.0	0	0	0
Hydroxychloriquine	9,438	20.5%	0.6	1.7	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 1d. Characteristics among Prevalent Users of Tofacitinib Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	12,441	
Number of unique patients	7,555	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	56.5	12.1
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	2,309	18.6%
45-64	6,439	51.8%
65+	3,693	29.7%
<b>Sex</b>		
Female	5,924	78.4%
Male	1,631	21.6%
<b>Race<sup>2</sup></b>		
Unknown	3,708	49.1%
American Indian or Alaska Native	42	0.6%
Asian	103	1.4%
Black or African American	523	6.9%
Native Hawaiian or Other Pacific Islander	11	0.1%
White	3,168	41.9%
Hispanic Origin	246	3.3%
<b>Year</b>		
2012	*****	*****
2013	*****	*****
2014	1,036	8.3%
2015	1,404	11.3%
2016	1,980	15.9%
2017	2,501	20.1%
2018	3,247	26.1%
2019	1,817	14.6%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	12.6	15.8
Mean number of emergency room encounters	0.3	0.9
Mean number of non-acute institutional encounters	0.1	0.4
Mean number of other ambulatory encounters	3.4	8.1
Mean number of unique drug classes	6.7	6.0
Mean number of generics	7.2	6.8

**Table 1d. Characteristics among Prevalent Users of Tofacitinib Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			0.8	1.8			
Ulcerative Colitis	195	1.6%	0.0	0.2	0	0	0
Rheumatoid Arthritis	8,450	67.9%	2.2	2.9	1	0	3
Erythrocyte Sedimentation Rate	5,483	44.1%	1.3	2.4	0	0	2
C-reactive Protein	5,343	42.9%	1.3	2.3	0	0	2
Complete Blood Count	8,073	64.9%	2.1	2.8	1	0	3
Chemical Panel or Electrolyte	7,199	57.9%	1.8	2.6	1	0	2
Rheumatoid factor quantitative	1,570	12.6%	0.2	0.8	0	0	0
Anti-cyclic citrullinated peptide	1,512	12.2%	0.2	0.8	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	5,392	43.3%	1.3	2.2	0	0	2
Hand or Foot radiographs	1,996	16.0%	0.4	1.1	0	0	0
C-spine radiographs	508	4.1%	0.1	0.5	0	0	0
Any surgery	8,308	66.8%	2.1	2.8	1	0	3
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	1,758	14.1%	0.4	1.2	0	0	0
Rheumatoid lung involvement	63	0.5%	0.0	0.1	0	0	0
Felty's syndrome	27	0.2%	0.0	0.1	0	0	0
Sjogrens syndrome	387	3.1%	0.1	0.6	0	0	0
Cane	13	0.1%	0.0	0.0	0	0	0
Crutches	22	0.2%	0.0	0.1	0	0	0
Walker	57	0.5%	0.0	0.2	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	3,050	24.5%	0.7	1.6	0	0	0
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	0	0.0%	0.0	0.0	0	0	0
Methotrexate	0	0.0%	0.0	0.0	0	0	0
Leflunomide	0	0.0%	0.0	0.0	0	0	0
Sulfasalazine	0	0.0%	0.0	0.0	0	0	0
Hydroxychloriquine	0	0.0%	0.0	0.0	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 1e. Characteristics among Prevalent Users of Tumor Necrosis Factor Inhibitors (TNFi) Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	739,821	
Number of unique patients	286,086	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	50.6	13.5
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	273,790	37.0%
45-64	317,697	42.9%
65+	148,334	20.0%
<b>Sex</b>		
Female	155,749	54.4%
Male	130,337	45.6%
<b>Race<sup>2</sup></b>		
Unknown	176,688	61.8%
American Indian or Alaska Native	1,217	0.4%
Asian	3,516	1.2%
Black or African American	10,638	3.7%
Native Hawaiian or Other Pacific Islander	352	0.1%
White	93,675	32.7%
Hispanic Origin	6,099	2.1%
<b>Year</b>		
2012	14,617	2.0%
2013	120,420	16.3%
2014	117,533	15.9%
2015	115,583	15.6%
2016	119,628	16.2%
2017	108,662	14.7%
2018	99,871	13.5%
2019	43,507	5.9%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	13.7	16.8
Mean number of emergency room encounters	0.4	1.5
Mean number of non-acute institutional encounters	0.0	0.3
Mean number of other ambulatory encounters	3.4	8.0
Mean number of unique drug classes	6.8	5.4
Mean number of generics	7.4	6.2



**Table 1e. Characteristics among Prevalent Users of Tumor Necrosis Factor Inhibitors (TNFi) Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			0.7	1.6			
Ulcerative Colitis	42,784	5.8%	0.2	1.4	0	0	0
Rheumatoid Arthritis	176,229	23.8%	1.5	3.9	0	0	0
Erythrocyte Sedimentation Rate	248,249	33.6%	1.7	3.6	0	0	2
C-reactive Protein	252,751	34.2%	1.7	3.5	0	0	2
Complete Blood Count	511,849	69.2%	4.1	5.2	2	0	6
Chemical Panel or Electrolyte	447,056	60.4%	3.3	4.6	1	0	5
Rheumatoid factor quantitative	50,403	6.8%	0.2	0.9	0	0	0
Anti-cyclic citrullinated peptide	41,966	5.7%	0.1	0.9	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	322,630	43.6%	2.1	3.6	0	0	3
Hand or Foot radiographs	82,579	11.2%	0.3	1.3	0	0	0
C-spine radiographs	29,583	4.0%	0.1	0.6	0	0	0
Any surgery	537,100	72.6%	4.3	5.3	2	0	6
Hand Surgery	30	0.0%	0.0	0.0	0	0	0
Joint injections	72,642	9.8%	0.4	1.6	0	0	0
Rheumatoid lung involvement	1,081	0.1%	0.0	0.2	0	0	0
Felty's syndrome	597	0.1%	0.0	0.1	0	0	0
Sjogrens syndrome	8,043	1.1%	0.1	0.7	0	0	0
Cane	340	0.0%	0.0	0.1	0	0	0
Crutches	2,353	0.3%	0.0	0.2	0	0	0
Walker	2,255	0.3%	0.0	0.1	0	0	0
Wheelchair	71	0.0%	0.0	0.1	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	171,081	23.1%	1.1	3.0	0	0	0
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	0	0.0%	0.0	0.0	0	0	0
Methotrexate	0	0.0%	0.0	0.0	0	0	0
Leflunomide	0	0.0%	0.0	0.0	0	0	0
Sulfasalazine	0	0.0%	0.0	0.0	0	0	0
Hydroxychloroquine	0	0.0%	0.0	0.0	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 1f. Characteristics among Prevalent Users of Tumor Necrosis Factor Inhibitors (TNFi) Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	1,529,835	
Number of unique patients	517,927	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	52.7	13.4
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	468,197	30.6%
45-64	712,471	46.6%
65+	349,167	22.8%
<b>Sex</b>		
Female	316,997	61.2%
Male	200,930	38.8%
<b>Race<sup>2</sup></b>		
Unknown	297,976	57.5%
American Indian or Alaska Native	2,767	0.5%
Asian	7,396	1.4%
Black or African American	24,663	4.8%
Native Hawaiian or Other Pacific Islander	771	0.1%
White	184,354	35.6%
<b>Hispanic Origin</b>		
	14,787	2.9%
<b>Year</b>		
2012	31,226	2.0%
2013	240,593	15.7%
2014	242,330	15.8%
2015	242,138	15.8%
2016	248,971	16.3%
2017	227,599	14.9%
2018	210,454	13.8%
2019	86,524	5.7%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	16.6	17.4
Mean number of emergency room encounters	0.5	1.5
Mean number of non-acute institutional encounters	0.0	0.4
Mean number of other ambulatory encounters	4.5	9.1
Mean number of unique drug classes	8.8	6.0
Mean number of generics	9.7	6.9

**Table 1f. Characteristics among Prevalent Users of Tumor Necrosis Factor Inhibitors (TNFi) Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			0.9	1.7			
Ulcerative Colitis	70,564	4.6%	0.2	1.3	0	0	0
Rheumatoid Arthritis	683,285	44.7%	3.1	5.2	0	0	4
Erythrocyte Sedimentation Rate	719,918	47.1%	2.6	4.5	0	0	4
C-reactive Protein	707,678	46.3%	2.5	4.3	0	0	3
Complete Blood Count	1,217,282	79.6%	5.2	5.7	3	1	8
Chemical Panel or Electrolyte	1,040,781	68.0%	3.9	5.0	2	0	6
Rheumatoid factor quantitative	165,866	10.8%	0.3	1.2	0	0	0
Anti-cyclic citrullinated peptide	150,116	9.8%	0.3	1.1	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	825,669	54.0%	2.8	4.2	1	0	4
Hand or Foot radiographs	261,529	17.1%	0.6	1.7	0	0	0
C-spine radiographs	80,828	5.3%	0.1	0.8	0	0	0
Any surgery	1,222,324	79.9%	5.0	5.5	3	1	7
Hand Surgery	126	0.0%	0.0	0.0	0	0	0
Joint injections	242,395	15.8%	0.6	2.1	0	0	0
Rheumatoid lung involvement	5,494	0.4%	0.0	0.3	0	0	0
Felty's syndrome	2,574	0.2%	0.0	0.2	0	0	0
Sjogrens syndrome	37,734	2.5%	0.1	1.1	0	0	0
Cane	1,284	0.1%	0.0	0.1	0	0	0
Crutches	5,428	0.4%	0.0	0.2	0	0	0
Walker	7,108	0.5%	0.0	0.2	0	0	0
Wheelchair	165	0.0%	0.0	0.1	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	480,015	31.4%	1.7	3.7	0	0	2
DMARDs	575,531	37.6%	2.2	4.3	0	0	2
Methotrexate	371,583	24.3%	1.4	3.7	0	0	0
Leflunomide	75,451	4.9%	0.2	1.5	0	0	0
Sulfasalazine	67,065	4.4%	0.2	1.3	0	0	0
Hydroxychloriquine	126,414	8.3%	0.4	2.0	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 1g. Characteristics among New Users of Tofacitinib Prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	18,815	
Number of unique patients	18,815	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.3	12.0
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	2,890	15.4%
45-64	9,513	50.6%
65+	6,412	34.1%
<b>Sex</b>		
Female	14,993	79.7%
Male	3,822	20.3%
<b>Race<sup>2</sup></b>		
Unknown	8,238	43.8%
American Indian or Alaska Native	132	0.7%
Asian	398	2.1%
Black or African American	1,651	8.8%
Native Hawaiian or Other Pacific Islander	32	0.2%
White	8,364	44.5%
Hispanic Origin	743	3.9%
<b>Year</b>		
2012	16	0.1%
2013	1,063	5.6%
2014	1,844	9.8%
2015	2,116	11.2%
2016	2,739	14.6%
2017	3,797	20.2%
2018	4,877	25.9%
2019	2,363	12.6%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	15.5	17.3
Mean number of emergency room encounters	0.4	1.1
Mean number of non-acute institutional encounters	0.1	0.5
Mean number of other ambulatory encounters	4.6	9.6
Mean number of unique drug classes	8.3	6.4
Mean number of generics	9.0	7.4

**Table 1g. Characteristics among New Users of Tofacitinib Prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.0	2.0			
Ulcerative Colitis	270	1.4%	0.0	0.1	0	0	0
Rheumatoid Arthritis	14,062	74.7%	0.7	0.4	1	0	1
Erythrocyte Sedimentation Rate	10,356	55.0%	0.6	0.5	1	0	1
C-reactive Protein	10,049	53.4%	0.5	0.5	1	0	1
Complete Blood Count	13,610	72.3%	0.7	0.4	1	0	1
Chemical Panel or Electrolyte	12,038	64.0%	0.6	0.5	1	0	1
Rheumatoid factor quantitative	3,874	20.6%	0.2	0.4	0	0	0
Anti-cyclic citrullinated peptide	3,873	20.6%	0.2	0.4	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	10,031	53.3%	0.5	0.5	1	0	1
Hand or Foot radiographs	4,377	23.3%	0.2	0.4	0	0	0
C-spine radiographs	1,010	5.4%	0.1	0.2	0	0	0
Any surgery	13,501	71.8%	0.7	0.5	1	0	1
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	3,585	19.1%	0.2	0.4	0	0	0
Rheumatoid lung involvement	137	0.7%	0.0	0.1	0	0	0
Felty's syndrome	46	0.2%	0.0	0.0	0	0	0
Sjogrens syndrome	812	4.3%	0.0	0.2	0	0	0
Cane	19	0.1%	0.0	0.0	0	0	0
Crutches	32	0.2%	0.0	0.0	0	0	0
Walker	97	0.5%	0.0	0.1	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	5,996	31.9%	0.3	0.5	0	0	1
DMARDs	10,351	55.0%	0.6	0.5	1	0	1
Methotrexate	6,222	33.1%	0.3	0.5	0	0	1
Leflunomide	2,757	14.7%	0.1	0.4	0	0	0
Sulfasalazine	1,583	8.4%	0.1	0.3	0	0	0
Hydroxychloriquine	3,883	20.6%	0.2	0.4	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 1h. Characteristics among New Users of Tofacitinib Prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	35,648	
Number of unique patients	35,648	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.0	12.0
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	5,697	16.0%
45-64	18,511	51.9%
65+	11,440	32.1%
<b>Sex</b>		
Female	28,533	80.0%
Male	7,115	20.0%
<b>Race<sup>2</sup></b>		
Unknown	15,863	44.5%
American Indian or Alaska Native	255	0.7%
Asian	694	1.9%
Black or African American	2,959	8.3%
Native Hawaiian or Other Pacific Islander	60	0.2%
White	15,817	44.4%
Hispanic Origin	1,467	4.1%
<b>Year</b>		
2012	39	0.1%
2013	2,339	6.6%
2014	3,609	10.1%
2015	4,080	11.4%
2016	5,291	14.8%
2017	7,069	19.8%
2018	9,289	26.1%
2019	3,932	11.0%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	19.2	18.1
Mean number of emergency room encounters	0.5	1.3
Mean number of non-acute institutional encounters	0.1	0.5
Mean number of other ambulatory encounters	5.5	10.3
Mean number of unique drug classes	10.2	6.7
Mean number of generics	11.2	7.7

**Table 1h. Characteristics among New Users of Tofacitinib Prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.2	2.0			
Ulcerative Colitis	736	2.1%	0.0	0.1	0	0	0
Rheumatoid Arthritis	29,407	82.5%	0.8	0.4	1	1	1
Erythrocyte Sedimentation Rate	22,892	64.2%	0.6	0.5	1	0	1
C-reactive Protein	22,420	62.9%	0.6	0.5	1	0	1
Complete Blood Count	29,412	82.5%	0.8	0.4	1	1	1
Chemical Panel or Electrolyte	26,160	73.4%	0.7	0.4	1	0	1
Rheumatoid factor quantitative	7,480	21.0%	0.2	0.4	0	0	0
Anti-cyclic citrullinated peptide	7,380	20.7%	0.2	0.4	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	22,665	63.6%	0.6	0.5	1	0	1
Hand or Foot radiographs	9,546	26.8%	0.3	0.4	0	0	1
C-spine radiographs	2,466	6.9%	0.1	0.3	0	0	0
Any surgery	28,954	81.2%	0.8	0.4	1	1	1
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	8,877	24.9%	0.2	0.4	0	0	0
Rheumatoid lung involvement	338	0.9%	0.0	0.1	0	0	0
Felty's syndrome	122	0.3%	0.0	0.1	0	0	0
Sjogrens syndrome	1,748	4.9%	0.0	0.2	0	0	0
Cane	51	0.1%	0.0	0.0	0	0	0
Crutches	102	0.3%	0.0	0.1	0	0	0
Walker	239	0.7%	0.0	0.1	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	13,718	38.5%	0.4	0.5	0	0	1
DMARDs	21,761	61.0%	0.6	0.5	1	0	1
Methotrexate	13,201	37.0%	0.4	0.5	0	0	1
Leflunomide	5,732	16.1%	0.2	0.4	0	0	0
Sulfasalazine	3,059	8.6%	0.1	0.3	0	0	0
Hydroxychloriquine	7,389	20.7%	0.2	0.4	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 1i. Characteristics among New Users of Tofacitinib Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	23,624	
Number of unique patients	23,624	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.4	12.0
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	3,583	15.2%
45-64	11,920	50.5%
65+	8,121	34.4%
<b>Sex</b>		
Female	19,054	80.7%
Male	4,570	19.3%
<b>Race<sup>2</sup></b>		
Unknown	10,078	42.7%
American Indian or Alaska Native	166	0.7%
Asian	464	2.0%
Black or African American	2,028	8.6%
Native Hawaiian or Other Pacific Islander	35	0.1%
White	10,853	45.9%
Hispanic Origin	959	4.1%
<b>Year</b>		
2012	38	0.2%
2013	1,676	7.1%
2014	2,529	10.7%
2015	2,812	11.9%
2016	3,433	14.5%
2017	4,622	19.6%
2018	5,825	24.7%
2019	2,689	11.4%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	18.1	18.4
Mean number of emergency room encounters	0.5	1.2
Mean number of non-acute institutional encounters	0.1	0.7
Mean number of other ambulatory encounters	5.1	10.1
Mean number of unique drug classes	9.2	6.7
Mean number of generics	10.1	7.7



**Table 1i. Characteristics among New Users of Tofacitinib Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.1	2.0			
Ulcerative Colitis	311	1.3%	0.0	0.1	0	0	0
Rheumatoid Arthritis	18,592	78.7%	0.8	0.4	1	1	1
Erythrocyte Sedimentation Rate	13,955	59.1%	0.6	0.5	1	0	1
C-reactive Protein	13,567	57.4%	0.6	0.5	1	0	1
Complete Blood Count	18,147	76.8%	0.8	0.4	1	1	1
Chemical Panel or Electrolyte	16,180	68.5%	0.7	0.5	1	0	1
Rheumatoid factor quantitative	4,771	20.2%	0.2	0.4	0	0	0
Anti-cyclic citrullinated peptide	4,734	20.0%	0.2	0.4	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	13,771	58.3%	0.6	0.5	1	0	1
Hand or Foot radiographs	5,932	25.1%	0.3	0.4	0	0	1
C-spine radiographs	1,472	6.2%	0.1	0.2	0	0	0
Any surgery	18,020	76.3%	0.8	0.4	1	1	1
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	5,238	22.2%	0.2	0.4	0	0	0
Rheumatoid lung involvement	225	1.0%	0.0	0.1	0	0	0
Felty's syndrome	73	0.3%	0.0	0.1	0	0	0
Sjogrens syndrome	1,229	5.2%	0.1	0.2	0	0	0
Cane	33	0.1%	0.0	0.0	0	0	0
Crutches	55	0.2%	0.0	0.0	0	0	0
Walker	136	0.6%	0.0	0.1	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	7,998	33.9%	0.3	0.5	0	0	1
DMARDs	13,465	57.0%	0.6	0.5	1	0	1
Methotrexate	7,753	32.8%	0.3	0.5	0	0	1
Leflunomide	3,737	15.8%	0.2	0.4	0	0	0
Sulfasalazine	1,996	8.4%	0.1	0.3	0	0	0
Hydroxychloriquine	4,946	20.9%	0.2	0.4	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 1j. Characteristics among New Users of Tofacitinib Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	7,553	
Number of unique patients	7,553	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	56.3	11.9
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	1,388	18.4%
45-64	3,985	52.8%
65+	2,180	28.9%
<b>Sex</b>		
Female	5,922	78.4%
Male	1,631	21.6%
<b>Race<sup>2</sup></b>		
Unknown	3,706	49.1%
American Indian or Alaska Native	42	0.6%
Asian	103	1.4%
Black or African American	523	6.9%
Native Hawaiian or Other Pacific Islander	11	0.1%
White	3,168	41.9%
Hispanic Origin	246	3.3%
<b>Year</b>		
2012	*****	*****
2013	*****	*****
2014	668	8.8%
2015	811	10.7%
2016	1,065	14.1%
2017	1,519	20.1%
2018	1,907	25.2%
2019	1,220	16.2%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	9.5	14.6
Mean number of emergency room encounters	0.2	0.8
Mean number of non-acute institutional encounters	0.0	0.3
Mean number of other ambulatory encounters	2.6	7.3
Mean number of unique drug classes	4.7	5.3
Mean number of generics	5.1	6.0

**Table 1j. Characteristics among New Users of Tofacitinib Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			0.6	1.6			
Ulcerative Colitis	156	2.1%	0.0	0.1	0	0	0
Rheumatoid Arthritis	4,104	54.3%	0.5	0.5	1	0	1
Erythrocyte Sedimentation Rate	2,500	33.1%	0.3	0.5	0	0	1
C-reactive Protein	2,445	32.4%	0.3	0.5	0	0	1
Complete Blood Count	3,780	50.0%	0.5	0.5	1	0	1
Chemical Panel or Electrolyte	3,308	43.8%	0.4	0.5	0	0	1
Rheumatoid factor quantitative	858	11.4%	0.1	0.3	0	0	0
Anti-cyclic citrullinated peptide	842	11.1%	0.1	0.3	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	2,390	31.6%	0.3	0.5	0	0	1
Hand or Foot radiographs	893	11.8%	0.1	0.3	0	0	0
C-spine radiographs	206	2.7%	0.0	0.2	0	0	0
Any surgery	4,005	53.0%	0.5	0.5	1	0	1
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	727	9.6%	0.1	0.3	0	0	0
Rheumatoid lung involvement	24	0.3%	0.0	0.1	0	0	0
Felty's syndrome	*****	*****	0.0	0.0	0	0	0
Sjogrens syndrome	172	2.3%	0.0	0.1	0	0	0
Cane	*****	*****	0.0	0.0	0	0	0
Crutches	*****	*****	0.0	0.0	0	0	0
Walker	15	0.2%	0.0	0.0	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	1,373	18.2%	0.2	0.4	0	0	0
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	0	0.0%	0.0	0.0	0	0	0
Methotrexate	0	0.0%	0.0	0.0	0	0	0
Leflunomide	0	0.0%	0.0	0.0	0	0	0
Sulfasalazine	0	0.0%	0.0	0.0	0	0	0
Hydroxychloriquine	0	0.0%	0.0	0.0	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 1k. Characteristics among New Users of Tumor Necrosis Factor Inhibitors (TNFi) Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	232,922	
Number of unique patients	232,922	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	49.3	13.3
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	92,130	39.6%
45-64	97,715	42.0%
65+	43,077	18.5%
<b>Sex</b>		
Female	128,112	55.0%
Male	104,810	45.0%
<b>Race<sup>2</sup></b>		
Unknown	147,595	63.4%
American Indian or Alaska Native	963	0.4%
Asian	2,716	1.2%
Black or African American	8,454	3.6%
Native Hawaiian or Other Pacific Islander	281	0.1%
White	72,913	31.3%
Hispanic Origin	4,780	2.1%
<b>Year</b>		
2012	2,841	1.2%
2013	39,552	17.0%
2014	33,931	14.6%
2015	33,029	14.2%
2016	36,345	15.6%
2017	37,177	16.0%
2018	33,643	14.4%
2019	16,404	7.0%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	9.9	15.4
Mean number of emergency room encounters	0.3	1.2
Mean number of non-acute institutional encounters	0.0	0.3
Mean number of other ambulatory encounters	2.4	6.5
Mean number of unique drug classes	4.3	5.1
Mean number of generics	4.8	5.8

**Table 1k. Characteristics among New Users of Tumor Necrosis Factor Inhibitors (TNFi) Naive to All Other Treatments in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			0.5	1.4			
Ulcerative Colitis	16,094	6.9%	0.1	0.3	0	0	0
Rheumatoid Arthritis	36,117	15.5%	0.2	0.4	0	0	0
Erythrocyte Sedimentation Rate	57,136	24.5%	0.2	0.4	0	0	0
C-reactive Protein	60,436	25.9%	0.3	0.4	0	0	1
Complete Blood Count	113,469	48.7%	0.5	0.5	0	0	1
Chemical Panel or Electrolyte	101,401	43.5%	0.4	0.5	0	0	1
Rheumatoid factor quantitative	19,240	8.3%	0.1	0.3	0	0	0
Anti-cyclic citrullinated peptide	16,652	7.1%	0.1	0.3	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	71,235	30.6%	0.3	0.5	0	0	1
Hand or Foot radiographs	20,004	8.6%	0.1	0.3	0	0	0
C-spine radiographs	7,300	3.1%	0.0	0.2	0	0	0
Any surgery	124,512	53.5%	0.5	0.5	1	0	1
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	14,270	6.1%	0.1	0.2	0	0	0
Rheumatoid lung involvement	149	0.1%	0.0	0.0	0	0	0
Felty's syndrome	72	0.0%	0.0	0.0	0	0	0
Sjogrens syndrome	1,474	0.6%	0.0	0.1	0	0	0
Cane	67	0.0%	0.0	0.0	0	0	0
Crutches	470	0.2%	0.0	0.0	0	0	0
Walker	426	0.2%	0.0	0.0	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	38,199	16.4%	0.2	0.4	0	0	0
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	0	0.0%	0.0	0.0	0	0	0
Methotrexate	0	0.0%	0.0	0.0	0	0	0
Leflunomide	0	0.0%	0.0	0.0	0	0	0
Sulfasalazine	0	0.0%	0.0	0.0	0	0	0
Hydroxychloriquine	0	0.0%	0.0	0.0	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 11. Characteristics among New Users of Tumor Necrosis Factor Inhibitors (TNFi) Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	388,641	
Number of unique patients	388,641	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	50.8	13.2
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	135,116	34.8%
45-64	176,495	45.4%
65+	77,030	19.8%
<b>Sex</b>		
Female	235,338	60.6%
Male	153,303	39.4%
<b>Race<sup>2</sup></b>		
Unknown	234,729	60.4%
American Indian or Alaska Native	1,872	0.5%
Asian	5,045	1.3%
Black or African American	17,308	4.5%
Native Hawaiian or Other Pacific Islander	556	0.1%
White	129,131	33.2%
Hispanic Origin	9,858	2.5%
<b>Year</b>		
2012	5,462	1.4%
2013	63,598	16.4%
2014	57,251	14.7%
2015	56,625	14.6%
2016	61,199	15.7%
2017	62,256	16.0%
2018	56,387	14.5%
2019	25,863	6.7%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	13.4	17.0
Mean number of emergency room encounters	0.4	1.3
Mean number of non-acute institutional encounters	0.0	0.3
Mean number of other ambulatory encounters	3.4	7.5
Mean number of unique drug classes	6.5	6.0
Mean number of generics	7.2	6.9

**Table 1I. Characteristics among New Users of Tumor Necrosis Factor Inhibitors (TNFi) Prevalent for Other Biologics and Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			0.7	1.6			
Ulcerative Colitis	23,507	6.0%	0.1	0.2	0	0	0
Rheumatoid Arthritis	123,439	31.8%	0.3	0.5	0	0	1
Erythrocyte Sedimentation Rate	151,310	38.9%	0.4	0.5	0	0	1
C-reactive Protein	153,043	39.4%	0.4	0.5	0	0	1
Complete Blood Count	244,403	62.9%	0.6	0.5	1	0	1
Chemical Panel or Electrolyte	217,193	55.9%	0.6	0.5	1	0	1
Rheumatoid factor quantitative	61,737	15.9%	0.2	0.4	0	0	0
Anti-cyclic citrullinated peptide	59,259	15.2%	0.2	0.4	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	170,086	43.8%	0.4	0.5	0	0	1
Hand or Foot radiographs	66,864	17.2%	0.2	0.4	0	0	0
C-spine radiographs	18,455	4.7%	0.0	0.2	0	0	0
Any surgery	254,134	65.4%	0.7	0.5	1	0	1
Hand Surgery	18	0.0%	0.0	0.0	0	0	0
Joint injections	47,384	12.2%	0.1	0.3	0	0	0
Rheumatoid lung involvement	729	0.2%	0.0	0.0	0	0	0
Felty's syndrome	365	0.1%	0.0	0.0	0	0	0
Sjogrens syndrome	6,865	1.8%	0.0	0.1	0	0	0
Cane	238	0.1%	0.0	0.0	0	0	0
Crutches	1,118	0.3%	0.0	0.1	0	0	0
Walker	1,180	0.3%	0.0	0.1	0	0	0
Wheelchair	29	0.0%	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	101,469	26.1%	0.3	0.4	0	0	1
DMARDs	138,203	35.6%	0.4	0.5	0	0	1
Methotrexate	89,585	23.1%	0.2	0.4	0	0	0
Leflunomide	18,370	4.7%	0.0	0.2	0	0	0
Sulfasalazine	20,737	5.3%	0.1	0.2	0	0	0
Hydroxychloriquine	34,594	8.9%	0.1	0.3	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 2a. Characteristics among Starting Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in Switch Pattern of Minor DMARDs to Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 on the Initiation Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	7,971,827	
Number of unique patients	3,036,507	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	60.5	14.5
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	1,565,317	19.6%
45-64	2,462,680	30.9%
65+	3,943,830	49.5%
<b>Sex</b>		
Female	2,027,210	66.8%
Male	1,009,297	33.2%
<b>Race<sup>2</sup></b>		
Unknown	1,149,215	37.8%
American Indian or Alaska Native	13,922	0.5%
Asian	47,334	1.6%
Black or African American	209,859	6.9%
Native Hawaiian or Other Pacific Islander	4,585	0.2%
White	1,611,592	53.1%
<b>Hispanic Origin</b>	75,426	2.5%
<b>Year</b>		
2012	171,223	2.1%
2013	1,174,838	14.7%
2014	1,263,394	15.8%
2015	1,276,498	16.0%
2016	1,281,931	16.1%
2017	1,248,737	15.7%
2018	1,171,135	14.7%
2019	384,071	4.8%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	24.7	24.3
Mean number of emergency room encounters	0.6	1.7
Mean number of non-acute institutional encounters	0.1	0.8
Mean number of other ambulatory encounters	7.3	14.1
Mean number of unique drug classes	10.5	5.9
Mean number of generics	11.6	6.8



**Table 2a. Characteristics among Starting Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) in Switch Pattern of Minor DMARDs to Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 on the Initiation Date**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			2.0	2.8			
Ulcerative Colitis	248,746	3.1%	0.2	1.3	0	0	0
Rheumatoid Arthritis	2,490,089	31.2%	2.0	4.2	0	0	2
Erythrocyte Sedimentation Rate	3,250,222	40.8%	2.0	3.8	0	0	3
C-reactive Protein	2,926,164	36.7%	1.8	3.7	0	0	2
Complete Blood Count	6,539,356	82.0%	4.6	5.5	3	1	6
Chemical Panel or Electrolyte	6,116,381	76.7%	4.2	5.3	3	1	6
Rheumatoid factor quantitative	1,079,640	13.5%	0.4	1.4	0	0	0
Anti-cyclic citrullinated peptide	916,446	11.5%	0.3	1.3	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	5,467,546	68.6%	3.4	4.8	2	0	5
Hand or Foot radiographs	1,536,676	19.3%	0.6	1.8	0	0	0
C-spine radiographs	437,464	5.5%	0.1	0.8	0	0	0
Any surgery	7,149,845	89.7%	5.1	6.0	4	1	7
Hand Surgery	501	0.0%	0.0	0.0	0	0	0
Joint injections	1,426,960	17.9%	0.7	2.3	0	0	0
Rheumatoid lung involvement	26,925	0.3%	0.0	0.4	0	0	0
Felty's syndrome	11,757	0.1%	0.0	0.2	0	0	0
Sjogrens syndrome	363,976	4.6%	0.2	1.5	0	0	0
Cane	7,402	0.1%	0.0	0.1	0	0	0
Crutches	20,154	0.3%	0.0	0.1	0	0	0
Walker	51,630	0.6%	0.0	0.2	0	0	0
Wheelchair	1,429	0.0%	0.0	0.1	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	2,382,758	29.9%	1.3	3.1	0	0	1
DMARDs	5,668,712	71.1%	4.9	6.6	3	0	7
Methotrexate	1,625,905	20.4%	1.3	3.5	0	0	0
Leflunomide	287,233	3.6%	0.2	1.2	0	0	0
Sulfasalazine	493,447	6.2%	0.4	2.3	0	0	0
Hydroxychloriquine	1,600,513	20.1%	1.3	3.5	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 2b. Characteristics among Switch Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to Tumor Necrosis Factor Inhibitors (TNFi) in Switch Pattern of Minor DMARDs to TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at First Switch Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	342,708	
Number of unique patients	172,180	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	61.5	12.6
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	51,089	14.9%
45-64	122,961	35.9%
65+	168,658	49.2%
<b>Sex</b>		
Female	124,007	72.0%
Male	48,173	28.0%
<b>Race<sup>2</sup></b>		
Unknown	64,497	37.5%
American Indian or Alaska Native	1,190	0.7%
Asian	2,396	1.4%
Black or African American	11,446	6.6%
Native Hawaiian or Other Pacific Islander	195	0.1%
White	92,456	53.7%
Hispanic Origin	5,341	3.1%
<b>Year</b>		
2012	3,070	0.9%
2013	43,823	12.8%
2014	52,861	15.4%
2015	55,739	16.3%
2016	57,915	16.9%
2017	56,024	16.3%
2018	54,961	16.0%
2019	18,315	5.3%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	26.7	18.3
Mean number of emergency room encounters	0.6	1.5
Mean number of non-acute institutional encounters	0.1	0.5
Mean number of other ambulatory encounters	6.5	9.6
Mean number of unique drug classes	11.6	5.8
Mean number of generics	12.8	6.8

**Table 2b. Characteristics among Switch Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to Tumor Necrosis Factor Inhibitors (TNFi) in Switch Pattern of Minor DMARDs to TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at First Switch Date**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.3	2.1			
Ulcerative Colitis	18,021	5.3%	0.2	1.1	0	0	0
Rheumatoid Arthritis	259,984	75.9%	3.0	3.7	2	1	4
Erythrocyte Sedimentation Rate	245,378	71.6%	2.5	3.3	1	0	3
C-reactive Protein	237,536	69.3%	2.4	3.2	1	0	3
Complete Blood Count	331,073	96.6%	3.8	3.8	2	1	5
Chemical Panel or Electrolyte	295,796	86.3%	3.2	3.6	2	1	4
Rheumatoid factor quantitative	62,331	18.2%	0.3	1.0	0	0	0
Anti-cyclic citrullinated peptide	59,723	17.4%	0.3	0.9	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	258,349	75.4%	2.5	3.0	1	1	3
Hand or Foot radiographs	94,508	27.6%	0.6	1.3	0	0	1
C-spine radiographs	27,003	7.9%	0.1	0.6	0	0	0
Any surgery	326,620	95.3%	3.7	3.8	2	1	5
Hand Surgery	40	0.0%	0.0	0.0	0	0	0
Joint injections	98,252	28.7%	0.8	1.8	0	0	1
Rheumatoid lung involvement	3,118	0.9%	0.0	0.4	0	0	0
Felty's syndrome	1,246	0.4%	0.0	0.1	0	0	0
Sjogrens syndrome	15,209	4.4%	0.1	0.8	0	0	0
Cane	295	0.1%	0.0	0.0	0	0	0
Crutches	1,024	0.3%	0.0	0.1	0	0	0
Walker	1,788	0.5%	0.0	0.1	0	0	0
Wheelchair	39	0.0%	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	135,666	39.6%	1.2	2.4	0	0	1
DMARDs	342,708	100.0%	3.9	3.8	3	1	5
Methotrexate	231,104	67.4%	2.7	3.6	1	0	4
Leflunomide	42,806	12.5%	0.3	1.4	0	0	0
Sulfasalazine	35,415	10.3%	0.3	1.4	0	0	0
Hydroxychloriquine	60,282	17.6%	0.5	1.6	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 2c. Characteristics among Switch Episodes of Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib in Switch Pattern of Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at Second Switch Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	1,449	
Number of unique patients	1,449	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	57.8	11.7
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	229	15.8%
45-64	823	56.8%
65+	397	27.4%
<b>Sex</b>		
Female	1,173	81.0%
Male	276	19.0%
<b>Race<sup>2</sup></b>		
Unknown	681	47.0%
American Indian or Alaska Native	*****	*****
Asian	33	2.3%
Black or African American	119	8.2%
Native Hawaiian or Other Pacific Islander	*****	*****
White	605	41.8%
Hispanic Origin	70	4.8%
<b>Year</b>		
2012	0	0.0%
2013	34	2.3%
2014	118	8.1%
2015	150	10.4%
2016	226	15.6%
2017	316	21.8%
2018	451	31.1%
2019	154	10.6%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	25.8	17.7
Mean number of emergency room encounters	0.7	1.5
Mean number of non-acute institutional encounters	0.1	0.3
Mean number of other ambulatory encounters	7.1	9.0
Mean number of unique drug classes	13.9	6.4
Mean number of generics	15.5	7.5

**Table 2c. Characteristics among Switch Episodes of Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib in Switch Pattern of Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at Second Switch Date**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.3	2.0			
Ulcerative Colitis	19	1.3%	0.0	0.1	0	0	0
Rheumatoid Arthritis	1,384	95.5%	1.0	0.2	1	1	1
Erythrocyte Sedimentation Rate	1,144	79.0%	0.8	0.4	1	1	1
C-reactive Protein	1,132	78.1%	0.8	0.4	1	1	1
Complete Blood Count	1,406	97.0%	1.0	0.2	1	1	1
Chemical Panel or Electrolyte	1,252	86.4%	0.9	0.3	1	1	1
Rheumatoid factor quantitative	369	25.5%	0.3	0.4	0	0	1
Anti-cyclic citrullinated peptide	349	24.1%	0.2	0.4	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	1,197	82.6%	0.8	0.4	1	1	1
Hand or Foot radiographs	554	38.2%	0.4	0.5	0	0	1
C-spine radiographs	146	10.1%	0.1	0.3	0	0	0
Any surgery	1,375	94.9%	0.9	0.2	1	1	1
Hand Surgery	0	0.0%	0.0	0.0	0	0	0
Joint injections	515	35.5%	0.4	0.5	0	0	1
Rheumatoid lung involvement	11	0.8%	0.0	0.1	0	0	0
Felty's syndrome	*****	*****	0.0	0.1	0	0	0
Sjogrens syndrome	87	6.0%	0.1	0.2	0	0	0
Cane	*****	*****	0.0	0.0	0	0	0
Crutches	*****	*****	0.0	0.1	0	0	0
Walker	*****	*****	0.0	0.1	0	0	0
Wheelchair	0	0.0%	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	717	49.5%	0.5	0.5	0	0	1
DMARDs	1,411	97.4%	1.0	0.2	1	1	1
Methotrexate	912	62.9%	0.6	0.5	1	0	1
Leflunomide	366	25.3%	0.3	0.4	0	0	1
Sulfasalazine	169	11.7%	0.1	0.3	0	0	0
Hydroxychloriquine	429	29.6%	0.3	0.5	0	0	1

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 2d. Characteristics among Starting Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Excluding Tumor Necrosis Factor Inhibitors (TNFi) Use in Switch Pattern of Minor DMARDs Excluding TNFi Use to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 on the Initiation Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	6,827,074	
Number of unique patients	2,713,570	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	60.6	14.7
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	1,376,711	20.2%
45-64	2,000,317	29.3%
65+	3,450,046	50.5%
<b>Sex</b>		
Female	1,796,391	66.2%
Male	917,179	33.8%
<b>Race<sup>2</sup></b>		
Unknown	1,022,447	37.7%
American Indian or Alaska Native	11,724	0.4%
Asian	42,725	1.6%
Black or African American	188,523	6.9%
Native Hawaiian or Other Pacific Islander	4,148	0.2%
White	1,444,003	53.2%
Hispanic Origin	64,801	2.4%
<b>Year</b>		
2012	144,852	2.1%
2013	1,004,156	14.7%
2014	1,080,547	15.8%
2015	1,089,459	16.0%
2016	1,094,741	16.0%
2017	1,068,422	15.6%
2018	1,009,951	14.8%
2019	334,946	4.9%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	24.6	25.0
Mean number of emergency room encounters	0.6	1.7
Mean number of non-acute institutional encounters	0.1	0.8
Mean number of other ambulatory encounters	7.4	14.4
Mean number of unique drug classes	10.3	5.8
Mean number of generics	11.4	6.8

**Table 2d. Characteristics among Starting Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Excluding Tumor Necrosis Factor Inhibitors (TNFi) Use in Switch Pattern of Minor DMARDs Excluding TNFi Use to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 on the Initiation Date**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			2.1	2.9			
Ulcerative Colitis	195,686	2.9%	0.2	1.3	0	0	0
Rheumatoid Arthritis	1,665,094	24.4%	1.4	3.6	0	0	0
Erythrocyte Sedimentation Rate	2,479,149	36.3%	1.7	3.5	0	0	2
C-reactive Protein	2,188,930	32.1%	1.5	3.3	0	0	1
Complete Blood Count	5,459,710	80.0%	4.3	5.5	3	1	6
Chemical Panel or Electrolyte	5,151,735	75.5%	4.0	5.2	2	1	6
Rheumatoid factor quantitative	873,674	12.8%	0.3	1.3	0	0	0
Anti-cyclic citrullinated peptide	727,373	10.7%	0.3	1.2	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	4,616,722	67.6%	3.2	4.8	2	0	5
Hand or Foot radiographs	1,232,684	18.1%	0.5	1.7	0	0	0
C-spine radiographs	347,139	5.1%	0.1	0.7	0	0	0
Any surgery	6,074,118	89.0%	4.9	6.0	3	1	6
Hand Surgery	363	0.0%	0.0	0.0	0	0	0
Joint injections	1,110,441	16.3%	0.6	2.1	0	0	0
Rheumatoid lung involvement	16,037	0.2%	0.0	0.3	0	0	0
Felty's syndrome	7,679	0.1%	0.0	0.2	0	0	0
Sjogrens syndrome	312,410	4.6%	0.2	1.5	0	0	0
Cane	6,148	0.1%	0.0	0.1	0	0	0
Crutches	16,664	0.2%	0.0	0.1	0	0	0
Walker	44,262	0.6%	0.0	0.3	0	0	0
Wheelchair	1,227	0.0%	0.0	0.1	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	1,920,923	28.1%	1.2	2.9	0	0	1
DMARDs	4,705,258	68.9%	4.7	6.6	3	0	7
Methotrexate	1,030,978	15.1%	0.9	3.0	0	0	0
Leflunomide	167,333	2.5%	0.1	1.0	0	0	0
Sulfasalazine	388,131	5.7%	0.4	2.3	0	0	0
Hydroxychloriquine	1,407,079	20.6%	1.4	3.6	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 2e. Characteristics among Switch Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Excluding Tumor Necrosis Factor Inhibitors (TNFi) Use to Tofacitinib in Switch Pattern of Minor DMARDs Excluding TNFi Use to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at First Switch Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	6,280	
Number of unique patients	5,033	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	60.8	12.1
Age (Years)	<b>Number</b>	<b>Percent</b>
18-44	719	11.4%
45-64	3,034	48.3%
65+	2,527	40.2%
Sex		
Female	4,118	81.8%
Male	915	18.2%
Race <sup>2</sup>		
Unknown	1,718	34.1%
American Indian or Alaska Native	*****	*****
Asian	160	3.2%
Black or African American	564	11.2%
Native Hawaiian or Other Pacific Islander	*****	*****
White	2,537	50.4%
Hispanic Origin	242	4.8%
Year		
2012	0	0.0%
2013	196	3.1%
2014	489	7.8%
2015	718	11.4%
2016	972	15.5%
2017	1,318	21.0%
2018	1,849	29.4%
2019	738	11.8%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	25.3	18.9
Mean number of emergency room encounters	0.7	1.5
Mean number of non-acute institutional encounters	0.1	0.9
Mean number of other ambulatory encounters	7.9	12.7
Mean number of unique drug classes	13.1	6.4
Mean number of generics	14.4	7.5



**Table 2e. Characteristics among Switch Episodes of Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) Excluding Tumor Necrosis Factor Inhibitors (TNFi) Use to Tofacitinib in Switch Pattern of Minor DMARDs Excluding TNFi Use to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at First Switch Date**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.7	2.4			
Ulcerative Colitis	46	0.7%	0.0	0.1	0	0	0
Rheumatoid Arthritis	5,989	95.4%	1.6	1.2	1	1	2
Erythrocyte Sedimentation Rate	4,954	78.9%	1.2	1.2	1	1	1
C-reactive Protein	4,747	75.6%	1.2	1.1	1	1	1
Complete Blood Count	6,063	96.5%	1.6	1.2	1	1	2
Chemical Panel or Electrolyte	5,481	87.3%	1.4	1.2	1	1	2
Rheumatoid factor quantitative	1,618	25.8%	0.3	0.6	0	0	1
Anti-cyclic citrullinated peptide	1,608	25.6%	0.3	0.6	0	0	1
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	5,049	80.4%	1.2	1.1	1	1	1
Hand or Foot radiographs	2,191	34.9%	0.5	0.8	0	0	1
C-spine radiographs	574	9.1%	0.1	0.4	0	0	0
Any surgery	5,866	93.4%	1.5	1.2	1	1	2
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	2,053	32.7%	0.5	0.8	0	0	1
Rheumatoid lung involvement	95	1.5%	0.0	0.2	0	0	0
Felty's syndrome	26	0.4%	0.0	0.1	0	0	0
Sjogrens syndrome	465	7.4%	0.1	0.5	0	0	0
Cane	15	0.2%	0.0	0.1	0	0	0
Crutches	23	0.4%	0.0	0.1	0	0	0
Walker	46	0.7%	0.0	0.1	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	2,945	46.9%	0.7	1.0	0	0	1
DMARDs	6,280	100.0%	1.6	1.2	1	1	2
Methotrexate	3,780	60.2%	0.9	1.2	1	0	1
Leflunomide	1,609	25.6%	0.4	0.8	0	0	1
Sulfasalazine	895	14.3%	0.2	0.6	0	0	0
Hydroxychloriquine	2,336	37.2%	0.6	1.0	0	0	1

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 2f. Characteristics among Starting Episodes of Tumor Necrosis Factor Inhibitors (TNFi) in Switch Pattern of TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 on the Initiation Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	4,099,690	
Number of unique patients	528,202	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	61.1	13.1
Age (Years)	<b>Number</b>	<b>Percent</b>
18-44	752,553	18.4%
45-64	1,217,975	29.7%
65+	2,129,162	51.9%
Sex		
Female	335,829	63.6%
Male	192,373	36.4%
Race <sup>2</sup>		
Unknown	238,859	45.2%
American Indian or Alaska Native	2,825	0.5%
Asian	7,180	1.4%
Black or African American	28,074	5.3%
Native Hawaiian or Other Pacific Islander	712	0.1%
White	250,552	47.4%
Hispanic Origin	13,924	2.6%
Year		
2012	75,637	1.8%
2013	506,628	12.4%
2014	589,685	14.4%
2015	632,584	15.4%
2016	675,795	16.5%
2017	684,853	16.7%
2018	700,904	17.1%
2019	233,604	5.7%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	26.6	18.6
Mean number of emergency room encounters	0.5	1.4
Mean number of non-acute institutional encounters	0.1	0.4
Mean number of other ambulatory encounters	5.9	9.1
Mean number of unique drug classes	10.1	5.7
Mean number of generics	11.0	6.6

**Table 2f. Characteristics among Starting Episodes of Tumor Necrosis Factor Inhibitors (TNFi) in Switch Pattern of TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 on the Initiation Date**

Characteristic <sup>1</sup>	Number	Percent	Standard				
			Mean	Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.3	2.1			
Ulcerative Colitis	417,782	10.2%	2.0	7.5	0	0	0
Rheumatoid Arthritis	2,397,379	58.5%	14.1	18.0	5	0	25
Erythrocyte Sedimentation Rate	2,494,037	60.8%	12.5	16.4	5	0	21
C-reactive Protein	2,500,528	61.0%	12.4	16.2	5	0	21
Complete Blood Count	3,840,934	93.7%	21.4	17.7	17	6	34
Chemical Panel or Electrolyte	3,436,706	83.8%	18.4	17.6	13	3	30
Rheumatoid factor quantitative	424,632	10.4%	0.9	4.2	0	0	0
Anti-cyclic citrullinated peptide	384,265	9.4%	0.8	3.9	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	2,813,654	68.6%	13.1	15.5	7	0	22
Hand or Foot radiographs	819,552	20.0%	2.1	6.0	0	0	0
C-spine radiographs	255,451	6.2%	0.5	2.7	0	0	0
Any surgery	3,854,293	94.0%	21.5	17.8	18	6	34
Hand Surgery	349	0.0%	0.0	0.1	0	0	0
Joint injections	967,526	23.6%	3.6	9.3	0	0	0
Rheumatoid lung involvement	29,108	0.7%	0.1	1.7	0	0	0
Felty's syndrome	11,374	0.3%	0.0	0.7	0	0	0
Sjogrens syndrome	133,239	3.2%	0.5	3.9	0	0	0
Cane	2,615	0.1%	0.0	0.1	0	0	0
Crutches	10,254	0.3%	0.0	0.3	0	0	0
Walker	14,796	0.4%	0.0	0.3	0	0	0
Wheelchair	400	0.0%	0.0	0.1	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	1,256,370	30.6%	5.0	11.3	0	0	4
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	2,114,363	51.6%	11.5	16.6	1	0	19
Methotrexate	1,415,904	34.5%	7.9	14.9	0	0	9
Leflunomide	259,537	6.3%	1.1	5.6	0	0	0
Sulfasalazine	208,173	5.1%	0.9	5.2	0	0	0
Hydroxychloriquine	383,558	9.4%	1.7	7.1	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

**Table 2g. Characteristics among Switch Episodes of Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib in Switch Pattern of TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at First Switch Date**

<b>Characteristic<sup>1</sup></b>	<b>Number</b>	
Number of episodes	5,109	
Number of unique patients	5,057	
<b>Patient Characteristics</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean Age (Years)	58.2	11.9
<b>Age (Years)</b>	<b>Number</b>	<b>Percent</b>
18-44	765	15.0%
45-64	2,784	54.5%
65+	1,560	30.5%
<b>Sex</b>		
Female	4,147	82.0%
Male	910	18.0%
<b>Race<sup>2</sup></b>		
Unknown	2,241	44.3%
American Indian or Alaska Native	27	0.5%
Asian	99	2.0%
Black or African American	358	7.1%
Native Hawaiian or Other Pacific Islander	11	0.2%
White	2,321	45.9%
Hispanic Origin	239	4.7%
<b>Year</b>		
2012	*****	*****
2013	*****	*****
2014	444	8.7%
2015	547	10.7%
2016	784	15.3%
2017	1,064	20.8%
2018	1,576	30.8%
2019	470	9.2%
<b>Health Service Utilization Intensity:</b>	<b>Mean</b>	<b>Standard Deviation</b>
Mean number of ambulatory encounters	24.9	17.3
Mean number of emergency room encounters	0.6	1.4
Mean number of non-acute institutional encounters	0.1	0.4
Mean number of other ambulatory encounters	6.8	9.2
Mean number of unique drug classes	13.3	6.1
Mean number of generics	14.8	7.3

**Table 2g. Characteristics among Switch Episodes of Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib in Switch Pattern of TNFi to Tofacitinib in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019 at First Switch Date**

Characteristic <sup>1</sup>	Number	Percent	Mean	Standard Deviation	Median	Q1	Q3
<b>Recorded history of:<sup>3</sup></b>							
Charlson/Elixhauser Combined Comorbidity Score <sup>4</sup>			1.3	2.0			
Ulcerative Colitis	87	1.7%	0.0	0.1	0	0	0
Rheumatoid Arthritis	4,794	93.8%	1.0	0.3	1	1	1
Erythrocyte Sedimentation Rate	3,920	76.7%	0.8	0.5	1	1	1
C-reactive Protein	3,877	75.9%	0.8	0.5	1	1	1
Complete Blood Count	4,934	96.6%	1.0	0.2	1	1	1
Chemical Panel or Electrolyte	4,367	85.5%	0.9	0.4	1	1	1
Rheumatoid factor quantitative	1,119	21.9%	0.2	0.4	0	0	0
Anti-cyclic citrullinated peptide	1,069	20.9%	0.2	0.4	0	0	0
Arthritis Panel	0	0.0%	0.0	0.0	0	0	0
Radiographs	4,047	79.2%	0.8	0.4	1	1	1
Hand or Foot radiographs	1,761	34.5%	0.4	0.5	0	0	1
C-spine radiographs	478	9.4%	0.1	0.3	0	0	0
Any surgery	4,802	94.0%	1.0	0.3	1	1	1
Hand Surgery	*****	*****	0.0	0.0	0	0	0
Joint injections	1,827	35.8%	0.4	0.5	0	0	1
Rheumatoid lung involvement	58	1.1%	0.0	0.1	0	0	0
Felty's syndrome	23	0.5%	0.0	0.1	0	0	0
Sjogrens syndrome	331	6.5%	0.1	0.3	0	0	0
Cane	*****	*****	0.0	0.0	0	0	0
Crutches	23	0.5%	0.0	0.1	0	0	0
Walker	32	0.6%	0.0	0.1	0	0	0
Wheelchair	*****	*****	0.0	0.0	0	0	0
Non-steroidal anti-inflammatory drugs (NSAIDs)	2,548	49.9%	0.5	0.5	0	0	1
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	3,600	70.5%	0.7	0.5	1	0	1
Methotrexate	2,215	43.4%	0.4	0.5	0	0	1
Leflunomide	959	18.8%	0.2	0.4	0	0	0
Sulfasalazine	470	9.2%	0.1	0.3	0	0	0
Hydroxychloriquine	1,136	22.2%	0.2	0.4	0	0	0

<sup>1</sup>All metrics are based on total number of episodes per group, except for sex, race, and Hispanic origin which are based on total number of unique patients

<sup>2</sup>Race data may not be completely populated at all Data Partners; therefore, data about race may be incomplete.

<sup>3</sup>Frequency of code occurrence during the baseline evaluation window was examined

<sup>4</sup>Charlson/Elixhauser: Charlson/Elixhauser combined comorbidity score is calculated based on comorbidities observed during a requester-defined window around the exposure episode start date (index date).

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 3. Number of Overall Users Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Overall Users	January	February	March	April	May	June	July	August	September	October	November	December
<b>Prevalent users of Tofacitinib prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs)</b>													
All years	18,819												
2012	16											*****	*****
2013	1,068	81	93	88	85	93	111	145	132	132	145	148	143
2014	2,186	341	265	237	238	229	229	276	237	225	265	248	259
2015	2,861	414	360	344	327	293	359	361	344	339	364	336	358
2016	3,877	490	467	478	446	434	480	447	535	520	483	541	488
2017	5,232	715	606	637	565	596	608	567	664	603	658	589	618
2018	6,886	867	831	876	780	810	748	823	874	709	877	745	729
2019	3,787	1,096	948	926	397	349	285	143	120	122			
<b>Prevalent users of Tofacitinib prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and DMARDs</b>													
All years	35,661												
2012	39											*****	*****
2013	2,353	123	167	159	190	222	221	316	288	325	346	335	325
2014	4,377	540	489	474	454	468	487	551	483	493	573	484	567
2015	5,647	685	615	687	653	611	726	756	684	692	737	691	778
2016	7,666	827	890	917	875	866	966	842	1,060	1,024	1,007	1,026	988
2017	10,055	1,240	1,128	1,220	1,092	1,173	1,197	1,115	1,308	1,142	1,288	1,182	1,170
2018	13,228	1,552	1,472	1,633	1,464	1,569	1,495	1,631	1,721	1,423	1,696	1,518	1,441
2019	6,720	1,851	1,669	1,719	712	637	545	232	197	193			
<b>Prevalent users of Tofacitinib prevalent for other biologics and DMARDs</b>													
All years	23,629												
2012	38											*****	*****
2013	1,688	109	141	142	145	175	175	239	205	229	232	238	222
2014	3,059	453	389	337	334	319	325	390	349	337	386	354	343
2015	3,915	533	476	490	444	414	486	502	465	454	492	449	508
2016	4,996	590	595	629	578	573	624	580	688	666	612	705	630
2017	6,558	843	755	792	709	757	766	723	843	755	829	775	760
2018	8,430	1,030	1,002	1,060	955	1,019	923	989	1,079	880	1,067	945	898
2019	4,473	1,266	1,122	1,141	475	406	334	169	141	139			

**Table 3. Number of Overall Users Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Overall Users	January	February	March	April	May	June	July	August	September	October	November	December
<b>Prevalent users of Tofacitinib naive to all other treatments</b>													
All years	7,555												
2012	*****											*****	*****
2013	*****	47	41	33	*****	34	*****	38	38	51	38	39	36
2014	763	154	92	72	89	66	69	98	78	72	92	81	73
2015	992	183	130	112	109	83	113	100	122	120	112	110	110
2016	1,375	221	193	164	146	129	155	154	175	179	164	157	143
2017	1,870	377	241	198	160	185	193	187	202	174	205	181	198
2018	2,425	398	301	310	260	245	249	255	305	226	268	217	213
2019	1,599	559	372	335	166	128	110	59	41	47			
<b>Prevalent users of TNFi naive to all other treatments</b>													
All years	286,086												
2012	14,236											7,424	7,188
2013	71,221	17,001	11,831	10,840	9,870	9,490	8,481	9,896	9,120	8,598	9,216	7,745	8,310
2014	71,185	13,305	11,592	10,394	10,274	9,439	9,383	9,636	8,881	8,938	9,067	7,654	8,953
2015	70,227	11,960	10,525	10,570	9,647	8,867	9,547	9,379	9,160	9,062	9,131	8,554	9,175
2016	73,485	12,339	11,451	10,851	9,622	9,538	9,985	9,875	10,379	9,497	9,017	8,617	8,445
2017	70,206	12,969	10,251	10,041	8,417	9,034	8,560	8,457	8,736	7,952	8,525	7,969	7,737
2018	64,415	11,685	9,063	9,125	8,412	8,333	7,838	7,816	8,191	7,229	8,056	7,397	6,721
2019	34,824	11,379	8,371	7,984	4,722	3,932	3,632	1,487	1,127	871			
<b>Prevalent users of TNFi prevalent for other biologics and DMARDs</b>													
All years	517,927												
2012	30,403											15,925	15,286
2013	138,044	27,519	22,594	21,636	20,478	19,712	17,800	20,084	19,129	18,032	19,306	16,428	17,817
2014	143,262	24,419	22,900	21,411	21,191	19,913	19,634	20,238	18,801	19,047	19,163	16,402	19,162
2015	143,910	22,972	21,178	21,925	20,277	19,067	20,389	19,944	19,221	19,220	19,562	18,281	20,060
2016	149,096	23,105	22,759	22,883	20,384	20,351	21,185	20,364	22,047	20,008	19,232	18,590	18,032
2017	142,163	23,765	20,647	21,318	17,966	19,243	18,662	17,948	18,888	16,996	18,291	17,162	16,687
2018	131,530	22,092	18,568	19,256	17,859	17,891	16,874	16,920	17,341	15,555	17,324	16,025	14,732
2019	68,808	21,019	17,070	16,924	9,421	8,016	7,318	3,177	2,046	1,529			

**Table 3. Number of Overall Users Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Overall Users	January	February	March	April	May	June	July	August	September	October	November	December
<b>New users of Tofacitinib prevalent for DMARDs</b>													
All years	18,815												
2012	16											*****	*****
2013	1,063	80	91	80	66	72	83	112	102	93	89	105	90
2014	1,844	268	200	146	135	141	113	158	144	126	143	132	138
2015	2,116	275	213	180	167	146	173	176	164	152	178	142	150
2016	2,739	288	263	237	193	196	209	198	225	233	233	247	217
2017	3,797	477	344	331	277	308	284	275	352	287	332	258	272
2018	4,877	493	487	481	395	399	391	401	430	341	408	326	325
2019	2,363	697	524	468	200	164	118	69	60	63			
<b>New users of Tofacitinib prevalent for TNFi and DMARDs</b>													
All years	35,648												
2012	39											*****	*****
2013	2,339	121	163	148	152	186	171	244	226	238	234	246	210
2014	3,609	401	338	288	272	271	256	319	281	281	328	267	307
2015	4,080	415	346	362	332	300	353	364	308	311	347	311	331
2016	5,291	434	437	440	391	386	430	381	496	463	491	474	468
2017	7,069	713	585	611	533	583	581	542	667	548	646	532	528
2018	9,289	810	831	850	734	815	770	814	854	695	793	686	637
2019	3,932	1,065	859	821	341	300	235	117	97	97			
<b>New users of Tofacitinib prevalent for other biologics and DMARDs</b>													
All years	23,624												
2012	38											*****	*****
2013	1,676	108	137	126	114	132	134	182	161	152	144	151	135
2014	2,529	340	285	204	178	194	164	221	212	184	203	173	171
2015	2,812	334	270	258	220	211	239	229	223	188	232	201	207
2016	3,433	331	307	294	251	262	265	244	294	302	285	320	278
2017	4,622	526	413	399	338	394	355	341	434	361	401	335	325
2018	5,825	560	548	565	469	500	470	477	536	411	488	400	401
2019	2,689	775	587	556	232	188	137	79	66	69			



**Table 3. Number of Overall Users Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Overall Users	January	February	March	April	May	June	July	August	September	October	November	December
<b>New users of Tofacitinib naive to all other treatments</b>													
All years	7,553												
2012	*****											*****	*****
2013	*****	47	40	30	*****	24	24	29	33	36	26	27	*****
2014	668	130	74	43	53	41	34	55	51	39	54	51	43
2015	811	150	88	62	57	51	58	60	75	58	62	45	45
2016	1,065	167	129	98	62	61	69	76	82	92	72	86	71
2017	1,519	311	167	124	87	100	94	104	119	99	130	92	92
2018	1,907	282	212	185	154	125	143	144	176	129	139	106	112
2019	1,220	452	268	205	93	72	52	31	21	26			
<b>New users of TNFi naive to all other treatments</b>													
All years	232,922												
2012	2,841											1,479	1,362
2013	39,552	10,654	5,497	4,046	3,020	2,428	1,951	2,518	2,142	1,907	2,060	1,695	1,634
2014	33,931	6,273	4,244	3,062	2,737	2,370	2,405	2,489	2,244	2,145	2,226	1,834	1,902
2015	33,029	5,173	3,780	3,253	2,657	2,227	2,383	2,492	2,297	2,237	2,320	2,058	2,152
2016	36,345	5,554	4,433	3,356	2,659	2,483	2,596	2,509	2,762	2,589	2,624	2,402	2,378
2017	37,177	6,673	4,294	3,462	2,724	2,765	2,544	2,616	2,615	2,289	2,615	2,406	2,174
2018	33,643	5,573	3,765	3,102	2,572	2,554	2,474	2,313	2,569	2,222	2,501	2,118	1,880
2019	16,404	5,727	3,366	2,913	1,447	1,048	917	386	328	272			
<b>New users of TNFi prevalent for other biologics and DMARDs</b>													
All years	388,641												
2012	5,462											2,829	2,633
2013	63,598	13,268	8,400	6,779	5,242	4,355	3,688	4,331	3,960	3,513	3,819	3,192	3,051
2014	57,251	8,692	6,699	5,224	4,822	4,257	4,347	4,430	4,027	3,921	4,086	3,311	3,435
2015	56,625	7,492	5,984	5,522	4,693	4,023	4,392	4,469	4,055	4,047	4,162	3,817	3,969
2016	61,199	7,727	6,832	5,741	4,662	4,533	4,608	4,390	4,884	4,654	4,658	4,350	4,160
2017	62,256	9,098	6,627	5,989	4,759	4,888	4,667	4,488	4,842	4,079	4,689	4,258	3,872
2018	56,387	7,755	5,793	5,276	4,506	4,554	4,356	4,167	4,495	3,875	4,407	3,817	3,386
2019	25,863	7,914	5,481	4,870	2,434	1,892	1,643	683	528	418			

Counts of prevalent users over time are reported in year month of the valid index date

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 4. Number of Dispensings Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Dispensings	January	February	March	April	May	June	July	August	September	October	November	December
<b>Prevalent users of Tofacitinib prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs)</b>													
All years	171,086												
2012	106											*****	*****
2013	7,245	319	493	478	380	403	836	913	573	551	786	717	796
2014	16,673	2,006	1,621	1,258	1,260	1,391	1,247	1,611	1,399	1,239	1,229	1,236	1,176
2015	21,551	2,561	1,853	1,841	1,864	1,518	2,022	1,976	1,581	1,403	1,840	1,299	1,793
2016	33,234	3,233	2,590	2,584	2,471	2,476	2,832	2,505	3,467	2,813	2,736	3,037	2,490
2017	41,638	4,719	3,783	3,973	3,235	3,487	3,274	3,291	3,543	3,086	3,315	2,936	2,996
2018	40,689	4,818	4,598	4,578	3,876	3,669	3,347	3,387	3,257	2,470	2,770	2,101	1,818
2019	9,950	3,289	2,238	1,638	944	755	467	297	199	123			
<b>Prevalent users of Tofacitinib prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and DMARDs</b>													
All years	336,796												
2012	257											*****	*****
2013	16,948	665	941	934	950	1,113	1,710	1,855	1,599	1,830	1,915	1,788	1,648
2014	33,900	3,172	2,864	2,594	2,334	2,870	2,728	3,250	2,934	2,743	2,873	2,433	3,105
2015	44,313	4,035	3,302	3,818	3,668	3,429	4,053	4,215	3,793	3,323	3,773	2,993	3,911
2016	66,168	5,433	4,991	5,344	5,220	4,929	5,518	5,010	6,930	6,048	5,631	5,817	5,297
2017	80,043	7,795	7,070	7,712	6,505	6,727	6,701	6,200	7,404	5,767	6,623	5,872	5,667
2018	78,011	8,671	8,204	8,355	7,166	7,057	6,588	6,772	6,526	5,047	5,505	4,351	3,769
2019	17,156	5,341	3,895	3,042	1,706	1,319	851	484	324	194			
<b>Prevalent users of Tofacitinib prevalent for other biologics and DMARDs</b>													
All years	220,972												
2012	300											*****	*****
2013	11,596	401	712	696	641	783	1,220	1,461	929	1,120	1,273	1,244	1,116
2014	23,794	2,566	2,278	1,941	1,819	1,824	1,767	2,364	1,965	1,876	1,885	1,958	1,551
2015	29,860	3,230	2,522	2,709	2,583	2,256	2,644	2,740	2,215	1,964	2,631	1,974	2,392
2016	42,767	3,831	3,276	3,350	3,280	3,193	3,673	3,279	4,223	3,693	3,626	4,019	3,324
2017	51,411	5,534	4,639	4,995	3,958	4,376	4,088	4,021	4,527	3,868	4,111	3,729	3,565
2018	49,734	5,794	5,495	5,364	4,731	4,640	4,139	4,088	4,023	3,086	3,423	2,679	2,272
2019	11,510	3,726	2,570	1,976	1,101	873	547	346	231	140			

**Table 4. Number of Dispensings Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Dispensings	January	February	March	April	May	June	July	August	September	October	November	December
<b>Prevalent users of Tofacitinib naive to all other treatments</b>													
All years	59,485												
2012	*****											*****	*****
2013	*****	162	211	189	*****	171	123	248	164	180	*****	160	130
2014	5,356	1,064	508	381	407	340	305	496	390	354	367	447	297
2015	7,271	1,161	637	559	683	363	673	489	617	468	670	421	530
2016	11,646	1,542	1,035	964	654	787	929	733	1,259	1,001	984	1,019	739
2017	14,482	2,695	1,613	1,207	940	997	1,011	1,168	1,052	826	983	1,068	922
2018	14,393	2,528	1,771	1,571	1,200	1,070	1,143	1,018	1,177	827	867	697	524
2019	4,388	1,793	908	617	395	258	179	123	67	48			
<b>Prevalent users of TNFi naive to all other treatments</b>													
All years	3,974,851												
2012	64,007											33,259	30,748
2013	651,117	132,526	71,188	58,725	50,863	47,123	40,491	51,795	43,611	40,850	41,744	34,383	37,818
2014	664,867	101,748	69,321	60,339	59,327	51,146	50,067	52,418	46,974	45,868	47,229	37,131	43,299
2015	660,756	87,051	68,483	62,134	53,873	50,042	50,925	51,932	48,520	48,691	49,391	43,507	46,207
2016	750,972	95,527	74,281	65,159	57,921	55,896	59,384	63,590	71,287	60,547	53,625	47,236	46,519
2017	633,499	102,517	69,158	61,522	50,504	50,937	46,856	46,734	45,574	40,999	42,802	40,256	35,640
2018	446,486	75,559	51,003	46,131	39,721	36,885	33,306	32,848	32,477	27,286	28,846	23,372	19,052
2019	103,147	35,841	21,026	16,313	11,112	7,914	5,553	2,769	1,745	874			
<b>Prevalent users of TNFi prevalent for other biologics and DMARDs</b>													
All years	8,102,326												
2012	142,017											74,795	67,222
2013	1,302,663	199,608	136,941	121,832	110,486	103,233	91,040	105,188	95,058	89,724	90,726	77,023	81,804
2014	1,361,971	171,106	137,109	124,728	125,331	110,985	108,349	111,436	99,844	99,812	98,823	80,981	93,467
2015	1,385,975	157,410	135,494	131,138	118,498	109,641	115,159	112,030	101,894	103,257	104,422	94,550	102,482
2016	1,524,889	164,161	144,396	136,931	123,239	120,309	126,684	131,034	147,307	124,510	111,782	99,414	95,122
2017	1,280,049	170,701	134,347	128,656	106,296	108,111	101,167	96,415	99,433	85,874	89,995	83,780	75,274
2018	908,811	131,830	100,557	95,980	82,710	79,502	71,020	69,473	68,016	57,792	60,949	50,065	40,917
2019	195,951	62,713	41,326	33,325	21,495	15,890	11,014	5,556	3,096	1,536			

**Table 4. Number of Dispensings Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Dispensings	January	February	March	April	May	June	July	August	September	October	November	December
<b>New users of Tofacitinib prevalent for DMARDs</b>													
All years	101,822												
2012	106											*****	*****
2013	5,788	310	487	463	352	323	583	765	416	417	587	543	542
2014	10,971	1,690	1,215	876	708	852	781	952	928	672	677	837	783
2015	12,002	1,817	1,160	1,060	858	866	1,094	1,152	835	737	898	624	901
2016	18,333	2,260	1,733	1,446	1,103	1,228	1,431	1,266	1,710	1,513	1,567	1,635	1,441
2017	25,165	3,555	2,331	2,344	1,886	2,113	1,837	1,900	2,324	1,653	1,906	1,604	1,712
2018	23,659	3,303	3,148	2,798	2,260	1,966	1,902	1,883	1,711	1,322	1,412	1,034	920
2019	5,798	2,270	1,317	839	505	358	197	150	98	64			
<b>New users of Tofacitinib prevalent for TNFi and DMARDs</b>													
All years	198,885												
2012	257											*****	*****
2013	13,739	646	932	889	868	979	1,225	1,512	1,207	1,447	1,485	1,428	1,121
2014	22,619	2,486	2,097	1,760	1,463	1,873	1,824	2,071	1,871	1,725	1,749	1,631	2,069
2015	24,614	2,809	1,959	2,251	1,677	2,010	2,300	2,515	1,890	1,815	1,904	1,609	1,875
2016	35,926	3,539	2,866	2,966	2,446	2,521	2,769	2,604	3,807	3,033	3,185	3,128	3,062
2017	47,468	5,264	4,275	4,477	3,766	3,944	3,985	3,621	4,607	3,281	3,869	3,146	3,233
2018	44,914	5,465	5,438	4,898	4,272	3,998	3,736	3,859	3,598	2,704	2,858	2,188	1,900
2019	9,348	3,366	2,107	1,490	854	633	380	261	159	98			
<b>New users of Tofacitinib prevalent for other biologics and DMARDs</b>													
All years	128,787												
2012	300											*****	*****
2013	9,071	392	702	644	574	621	900	1,185	718	853	921	804	757
2014	15,315	2,135	1,690	1,231	992	1,060	1,107	1,345	1,326	1,146	1,080	1,196	1,007
2015	16,416	2,209	1,529	1,478	1,272	1,269	1,443	1,464	1,187	1,044	1,308	1,030	1,183
2016	23,010	2,546	2,007	1,733	1,484	1,668	1,753	1,594	2,086	1,996	2,020	2,209	1,914
2017	30,125	3,926	2,825	2,868	2,174	2,665	2,228	2,245	2,783	2,079	2,333	2,006	1,993
2018	28,032	3,745	3,527	3,223	2,636	2,461	2,347	2,255	2,126	1,603	1,701	1,269	1,139
2019	6,518	2,483	1,466	996	580	413	230	172	108	70			

**Table 4. Number of Dispensings Over Time in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019, by Year and Month**

Year	Total Dispensings	January	February	March	April	May	June	July	August	September	October	November	December
<b>New users of Tofacitinib naive to all other treatments</b>													
All years	39,825												
2012	*****											*****	*****
2013	*****	162	206	185	92	115	103	189	108	131	*****	98	*****
2014	3,782	981	426	229	221	204	189	280	285	163	249	333	222
2015	4,622	966	449	331	278	253	470	288	435	319	373	199	261
2016	7,279	1,351	760	619	284	413	548	415	676	605	513	610	485
2017	9,930	2,279	1,108	834	601	571	590	745	732	518	683	697	572
2018	9,488	1,973	1,407	998	726	568	711	650	768	503	499	383	302
2019	3,176	1,514	694	366	244	145	88	63	35	27			
<b>New users of TNFi naive to all other treatments</b>													
All years	1,825,974												
2012	21,328											11,359	9,969
2013	314,849	102,295	39,554	27,429	20,475	17,271	15,319	21,337	16,313	14,863	14,687	12,481	12,825
2014	285,118	66,650	33,679	23,106	20,584	17,793	18,749	20,591	18,444	16,710	18,139	14,615	16,058
2015	282,583	52,110	33,507	25,489	21,502	18,303	19,131	21,401	18,933	18,105	19,499	16,927	17,676
2016	336,920	60,630	39,076	28,301	23,713	20,930	22,647	23,091	25,575	24,441	24,610	21,929	21,977
2017	325,034	68,867	39,440	30,263	24,283	23,445	21,572	22,197	21,064	18,633	20,263	18,686	16,321
2018	213,691	48,945	28,671	21,603	17,063	16,045	14,909	13,877	13,934	11,096	11,956	8,667	6,925
2019	46,451	20,578	9,692	6,350	3,948	2,500	1,656	888	566	273			
<b>New users of TNFi prevalent for other biologics and DMARDs</b>													
All years	3,077,367												
2012	43,099											23,145	19,954
2013	516,900	127,892	63,241	48,942	38,172	33,461	30,169	36,680	31,155	28,207	28,941	25,146	24,894
2014	487,152	89,337	54,715	41,220	38,965	35,035	35,872	37,752	33,924	32,411	32,931	25,965	29,025
2015	496,225	74,474	54,729	46,337	40,685	34,574	38,111	39,131	34,138	33,514	34,949	32,264	33,319
2016	568,592	83,584	62,306	49,196	42,178	39,632	41,132	41,696	45,573	43,792	43,513	38,457	37,533
2017	541,012	92,336	61,911	52,944	42,791	42,620	40,025	37,911	40,242	32,582	36,157	32,789	28,704
2018	353,466	66,846	44,298	37,360	30,296	29,423	26,607	25,008	24,754	19,667	21,095	15,764	12,348
2019	70,921	28,062	15,545	10,696	6,477	4,437	2,901	1,494	889	420			

\*\*\*\*\* Data are not presented in these cells due to a small sample size or to assure a small cell cannot be recalculated through the cells presented.

**Table 5. Descriptive Statistics of Cumulative Exposure Duration in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Product Group	Patients (Number)	Mean	Standard Deviation	Minimum	1%	5%	10%	25%	50%	75%	90%	95%	99%	Maximum
<b>Prevalent users of Tofacitinib prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs)</b>														
	18,819	303.19	342.66	1	9	30	30	61	180	408	752	1,028	1,627	2,301
<b>Prevalent users of Tofacitinib prevalent for Tumor Necrosis Factor Inhibitors (TNFi) and DMARDs</b>														
	35,661	314.85	353.97	1	10	30	30	68	184	421	787	1,082	1,666	2,301
<b>Prevalent users of Tofacitinib prevalent for other biologics and DMARDs</b>														
	23,629	313.50	356.49	1	10	30	30	64	182	420	786	1,081	1,675	2,426
<b>Prevalent users of Tofacitinib naive to all other treatments</b>														
	7,555	261.97	305.65	1	8	30	30	60	151	352	647	900	1,450	2,301
<b>Prevalent users of TNFi naive to all other treatments</b>														
	286,086	443.98	459.08	1	12	28	45	112	281	618	1,110	1,463	2,021	2,492
<b>Prevalent users of TNFi prevalent for other biologics and DMARDs</b>														
	517,927	499.15	494.89	1	12	28	56	127	322	712	1,255	1,593	2,075	2,497
<b>New users of Tofacitinib prevalent for DMARDs</b>														
	18,815	177.56	234.41	1	8	30	30	30	90	221	438	639	1,162	2,226
<b>New users of Tofacitinib prevalent for TNFi and DMARDs</b>														
	35,648	183.27	239.30	1	9	30	30	30	90	227	450	659	1,188	2,226
<b>New users of Tofacitinib prevalent for other biologics and DMARDs</b>														
	23,624	180.37	239.11	1	9	30	30	30	90	222	445	660	1,182	2,226
<b>New users of Tofacitinib naive to all other treatments</b>														
	7,553	172.82	225.29	1	8	30	30	30	90	216	428	626	1,122	2,006
<b>New users of TNFi naive to all other treatments</b>														
	232,922	245.23	310.36	1	10	28	28	56	129	317	619	874	1,539	2,492
<b>New users of TNFi prevalent for other biologics and DMARDs</b>														
	388,641	246.35	309.08	1	11	28	28	56	133	317	619	875	1,526	2,497

Cumulative exposure is calculated across all episodes per distinct patient

**Table 6. Descriptive Statistics of Time to First Switch or Censoring by Episode Level in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

	Episodes (Number)	Mean	Standard Deviation	Minimum	1%	5%	10%	25%	50%	75%	90%	95%	99%	Maximum
<b>Switch Pattern: Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib</b>														
<b>Switch: Minor DMARDs to TNFi</b>														
First Switch	342,708	82.54	152.70	1	1	4	7	17	35	74	197	339	799	2,426
Censoring reason 1: product discontinuation	7,561,280	116.50	213.62	0	0	0	4	29	32	101	281	486	1,136	2,512
Censoring reason 2: end of available data	482,051	379.30	469.42	0	2	9	18	55	184	521	1,063	1,452	2,071	2,512
Censoring reason 3: end of enrollment	756,368	310.78	416.33	0	1	6	14	42	139	402	874	1,244	1,938	2,512
Censoring reason 4: end of query period	24,835	284.02	391.99	0	0	6	13	41	133	357	762	1,117	1,979	2,512
Censoring reason 5: death	57,730	286.44	355.44	0	3	9	17	48	144	387	778	1,062	1,616	2,376
<b>Switch Pattern: Minor DMARDs Excluding TNFi Use to Tofacitinib</b>														
<b>Switch: Minor DMARDs to Tofacitinib</b>														
First Switch	6,280	190.03	268.67	1	1	5	12	33	87	229	496	736	1,358	2,092
Censoring reason 1: product discontinuation	6,759,490	114.91	214.60	0	0	0	2	29	29	99	279	486	1,143	2,512
Censoring reason 2: end of available data	427,121	385.92	474.29	0	2	9	18	57	188	532	1,081	1,471	2,081	2,512
Censoring reason 3: end of enrollment	667,573	316.05	421.21	0	1	6	14	43	143	410	891	1,263	1,951	2,512
Censoring reason 4: end of query period	22,061	286.14	393.64	0	0	6	13	41	136	361	774	1,127	1,977	2,512
Censoring reason 5: death	52,715	287.64	356.87	0	3	9	17	48	144	389	781	1,069	1,619	2,376
<b>Switch Pattern: TNFi to Tofacitinib</b>														
<b>Switch: TNFi to Tofacitinib</b>														
First Switch	5,109	262.99	296.44	1	5	16	32	72	160	338	631	912	1,450	1,998
Censoring reason 1: product discontinuation	4,088,235	41.86	135.85	0	0	0	0	0	0	27	110	230	694	2,491
Censoring reason 2: end of available data	85,383	371.40	440.07	0	2	10	19	60	191	520	1,005	1,322	1,945	2,491
Censoring reason 3: end of enrollment	160,590	300.28	376.38	0	1	8	17	52	152	394	822	1,101	1,756	2,491
Censoring reason 4: end of query period	6,496	280.69	370.86	0	0	7	17	53	152	341	724	1,060	1,881	2,491
Censoring reason 5: death	3,072	262.29	331.99	0	3	12	18	48	135	337	693	991	1,562	2,112

Descriptive statistics for time to second switch or censoring for each switch pattern is presented in Table 7

**Table 7. Descriptive Statistics of Time to Second Switch or Censoring by Episode Level in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

	<b>Episodes (Number)</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Minimum</b>	<b>1%</b>	<b>5%</b>	<b>10%</b>	<b>25%</b>	<b>50%</b>	<b>75%</b>	<b>90%</b>	<b>95%</b>	<b>99%</b>	<b>Maximum</b>
<b>Switch Pattern: Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib</b>														
<b>Switch: TNFi to Tofacitinib</b>														
Second Switch	1,449	280.34	281.46	1	9	26	42	90	187	366	646	888	1,303	1,927
Censoring reason 1: product discontinuation	338,123	666.09	580.74	0	0	27	56	179	502	1,031	1,571	1,853	2,191	2,505
Censoring reason 2: end of available data	46,895	841.01	631.37	0	8	41	95	291	725	1,313	1,802	2,027	2,252	2,505
Censoring reason 3: end of enrollment	71,688	718.88	594.39	0	6	32	72	218	562	1,110	1,642	1,904	2,221	2,505
Censoring reason 4: end of query period	3,288	793.30	643.78	0	7	42	98	249	620	1,224	1,809	2,067	2,383	2,505
Censoring reason 5: death	1,311	603.21	491.12	2	7	25	53	183	485	924	1,308	1,546	1,951	2,266



**Table 8. Descriptive Statistics of Switch Pattern Episode Duration in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

Switch Pattern	Standard												
Episodes (Number)	Mean	Deviation	Minimum	1%	5%	10%	25%	50%	75%	90%	95%	99%	Maximum
<b>Switch Pattern: Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib</b>													
<b>Switch: Minor DMARDs to TNFi</b>													
7,971,827	121.35	219.36	1	1	1	5	30	37	108	297	512	1,166	2,513
<b>Switch Pattern: Minor DMARDs to TNFi to Tofacitinib</b>													
<b>Switch: Minor DMARDs Excluding TNFi Use to Tofacitinib</b>													
6,827,074	117.95	218.10	1	1	1	3	30	30	100	285	501	1,164	2,513
<b>Switch Pattern: TNFi to Tofacitinib</b>													
<b>Switch: Minor TNFi to Tofacitinib</b>													
4,099,690	43.82	138.58	1	1	1	1	1	1	28	112	237	710	2,492

**Table 9. Frequency Distribution of Time to First Switch in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Switch Pattern:</b>	<b>Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib</b>		<b>Minor DMARDs Excluding TNFi Use to Tofacitinib</b>		<b>TNFi to Tofacitinib</b>	
<b>Switch:</b>	<b>Minor DMARDs to TNFi</b>		<b>Minor DMARDs Excluding TNFi Use to Tofacitinib</b>		<b>TNFi to Tofacitinib</b>	
<b>Number of Patients</b>	<b>172,180</b>		<b>5,033</b>		<b>5,057</b>	
<b>Days from Index</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Overall	342,708	100.0%	6,280	100.0%	5,109	100.0%
0-30	154,377	45.0%	1,500	23.9%	501	9.8%
31-60	88,167	25.7%	1,030	16.4%	546	10.7%
61-90	27,136	7.9%	666	10.6%	554	10.8%
91+	73,028	21.3%	3,084	49.1%	3,508	68.7%

**Table 10. Frequency Distribution of Time to Second Switch in the Sentinel Distributed Database (SDD) between November 1, 2012 and September 30, 2019**

<b>Switch Pattern:</b>		<b>Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) to TNFi to Tofacitinib</b>	
<b>Switch:</b>		<b>Tumor Necrosis Factor Inhibitors (TNFi) to Tofacitinib</b>	
<b>Number of Patients</b>		<b>1,449</b>	
<b>Days from Index</b>	<b>Number</b>	<b>Percent</b>	
Overall	1,449	100.0%	
0-30	95	6.6%	
31-60	117	8.1%	
61-90	157	10.8%	
91+	1,080	74.5%	

**Appendix A. Start and End Dates for Each Data Partner (DP) up to Request End Date (September 30, 2019)**

DP ID	Start Date <sup>1</sup>	End Date <sup>1</sup>
DP01	01/01/2000	02/28/2019
DP02	01/01/2000	01/31/2019
DP03	01/01/2004	08/31/2019
DP04	01/01/2008	09/30/2019
DP05	01/01/2000	06/30/2019
DP06	01/01/2000	12/31/2017
DP07	01/01/2010	03/31/2019
DP08	01/01/2000	07/31/2019
DP09	06/01/2007	04/30/2019
DP10	01/01/2006	06/30/2019
DP11	01/01/2005	07/31/2018
DP12	01/01/2000	04/30/2019
DP13	01/01/2000	03/31/2019
DP14	01/01/2008	03/31/2019
DP15	01/01/2000	04/30/2018
DP16	01/01/2012	06/30/2018

<sup>1</sup>The start and end dates are based on the minimum and maximum dates within each DP. The month with the maximum date must have at least 80% of the number of records in the previous month.

**Appendix B. List of Generic and Brand Names of Medical Products Used to Define Exposure and Exclusion Criteria in this Request**

Generic Name	Brand Name
<b>Disease-Modifying Anti-Rheumatic Drugs (DMARDs)</b>	
auranofin	Ridaura
azathioprine	azathioprine
azathioprine	Imuran
azathioprine	Azasan
azathioprine sodium	azathioprine sodium
cyclophosphamide	cyclophosphamide
cyclosporine	Sandimmune
cyclosporine	cyclosporine
cyclosporine, modified	Gengraf
cyclosporine, modified	Neoral
cyclosporine, modified	cyclosporine modified
gold sodium thiomalate	Myochrysine
gold sodium thiomalate	gold sodium thiomalate (bulk)
hydroxychloroquine sulfate	Plaquenil
hydroxychloroquine sulfate	hydroxychloroquine
hydroxychloroquine sulfate	hydroxychloroquine sulf (bulk)
leflunomide	Arava
leflunomide	leflunomide
methotrexate	Xatmep
methotrexate sodium	methotrexate sodium
methotrexate sodium	Trexall
methotrexate sodium	Methotrexate (Anti-Rheumatic)
methotrexate sodium	Rheumatrex
methotrexate/PF	Otrexup (PF)
methotrexate/PF	Rasuvo (PF)
minocycline HCl	minocycline
minocycline HCl	Minocin
minocycline HCl	Dynacin
mycophenolate mofetil	CellCept
mycophenolate mofetil	mycophenolate mofetil
mycophenolate mofetil HCl	CellCept Intravenous
mycophenolate mofetil HCl	mycophenolate mofetil HCl
penicillamine	Depen Titratabs
penicillamine	D-Penamine
penicillamine	Cuprimine
penicillamine	Penicillamine(D-)
penicillamine	penicillamine
penicillamine	penicillamine (bulk)
sulfasalazine	Azulfidine
sulfasalazine	Azulfidine EN-tabs
sulfasalazine	sulfasalazine
sulfasalazine	Sulfazine

**Appendix B. List of Generic and Brand Names of Medical Products Used to Define Exposure and Exclusion Criteria in this Request**

Generic Name	Brand Name
<b>Other Biologics</b>	
abatacept	Orencia
abatacept	Orencia ClickJect
abatacept/maltose	Orencia (with maltose)
anakinra	Kineret
apremilast	Otezla
apremilast	Otezla Starter
baricitinib	Olumiant
rituximab	Rituxan
sarilumab	Kevzara
tocilizumab	Actemra
tocilizumab	Actemra ACTPen
<b>Tumor Necrosis Factor Inhibitors (TNFi)</b>	
adalimumab	Humira(CF) Pedi Crohns Starter
adalimumab	Humira(CF) Pen Crohns-UC-HS
adalimumab	Humira(CF) Pen
adalimumab	Humira(CF)
adalimumab	Humira(CF) Pen Psor-Uv-Adol HS
adalimumab	Humira
adalimumab	Humira Pediatric Crohns Start
adalimumab	Humira Pen
adalimumab	Humira Pen Crohns-UC-HS Start
adalimumab	Humira Pen Psor-Uveits-Adol HS
certolizumab pegol	Cimzia Powder for Reconst
certolizumab pegol	Cimzia
certolizumab pegol	Cimzia Starter Kit
etanercept	Enbrel
etanercept	Enbrel SureClick
etanercept	Enbrel Mini
golimumab	Simponi
golimumab	Simponi ARIA
infliximab	Remicade
infliximab-abda	Renflexis
infliximab-dyyb	Inflectra
<b>Tofacitinb</b>	
tofacitinib citrate	Xeljanz XR
tofacitinib citrate	Xeljanz

**Appendix C. List of Healthcare Common Procedure Coding System (HCPCS) Procedure Codes Used to Define Exposure and Exclusion Criteria in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
<b>Tumor Necrosis Factor Inhibitors (TNFi)</b>			
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	Procedure	HCPCS
J0135	Injection, adalimumab, 20 mg	Procedure	HCPCS

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code Category	Code Type
<b>Ulcerative Colitis</b>			
556	Ulcerative colitis	Diagnosis	ICD-9-CM
556.0	Ulcerative (chronic) enterocolitis	Diagnosis	ICD-9-CM
556.1	Ulcerative (chronic) ileocolitis	Diagnosis	ICD-9-CM
556.2	Ulcerative (chronic) proctitis	Diagnosis	ICD-9-CM
556.3	Ulcerative (chronic) proctosigmoiditis	Diagnosis	ICD-9-CM
556.4	Pseudopolyposis of colon	Diagnosis	ICD-9-CM
556.5	Left sided ulcerative (chronic) colitis	Diagnosis	ICD-9-CM
556.6	Universal ulcerative (chronic) colitis	Diagnosis	ICD-9-CM
556.8	Other ulcerative colitis	Diagnosis	ICD-9-CM
556.9	Unspecified ulcerative colitis	Diagnosis	ICD-9-CM
K51.0	Ulcerative (chronic) pancolitis	Diagnosis	ICD-10-CM
K51.00	Ulcerative (chronic) pancolitis without complications	Diagnosis	ICD-10-CM
K51.01	Ulcerative (chronic) pancolitis with complications	Diagnosis	ICD-10-CM
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding	Diagnosis	ICD-10-CM
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.013	Ulcerative (chronic) pancolitis with fistula	Diagnosis	ICD-10-CM
K51.014	Ulcerative (chronic) pancolitis with abscess	Diagnosis	ICD-10-CM
K51.018	Ulcerative (chronic) pancolitis with other complication	Diagnosis	ICD-10-CM
K51.019	Ulcerative (chronic) pancolitis with unspecified complications	Diagnosis	ICD-10-CM
K51.2	Ulcerative (chronic) proctitis	Diagnosis	ICD-10-CM
K51.20	Ulcerative (chronic) proctitis without complications	Diagnosis	ICD-10-CM
K51.21	Ulcerative (chronic) proctitis with complications	Diagnosis	ICD-10-CM
K51.211	Ulcerative (chronic) proctitis with rectal bleeding	Diagnosis	ICD-10-CM
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.213	Ulcerative (chronic) proctitis with fistula	Diagnosis	ICD-10-CM
K51.214	Ulcerative (chronic) proctitis with abscess	Diagnosis	ICD-10-CM
K51.218	Ulcerative (chronic) proctitis with other complication	Diagnosis	ICD-10-CM
K51.219	Ulcerative (chronic) proctitis with unspecified complications	Diagnosis	ICD-10-CM
K51.3	Ulcerative (chronic) rectosigmoiditis	Diagnosis	ICD-10-CM
K51.30	Ulcerative (chronic) rectosigmoiditis without complications	Diagnosis	ICD-10-CM
K51.31	Ulcerative (chronic) rectosigmoiditis with complications	Diagnosis	ICD-10-CM
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding	Diagnosis	ICD-10-CM
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula	Diagnosis	ICD-10-CM
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess	Diagnosis	ICD-10-CM
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication	Diagnosis	ICD-10-CM
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications	Diagnosis	ICD-10-CM
K51.5	Left sided colitis	Diagnosis	ICD-10-CM
K51.50	Left sided colitis without complications	Diagnosis	ICD-10-CM
K51.51	Left sided colitis with complications	Diagnosis	ICD-10-CM
K51.511	Left sided colitis with rectal bleeding	Diagnosis	ICD-10-CM



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
K51.512	Left sided colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.513	Left sided colitis with fistula	Diagnosis	ICD-10-CM
K51.514	Left sided colitis with abscess	Diagnosis	ICD-10-CM
K51.518	Left sided colitis with other complication	Diagnosis	ICD-10-CM
K51.519	Left sided colitis with unspecified complications	Diagnosis	ICD-10-CM
K51.8	Other ulcerative colitis	Diagnosis	ICD-10-CM
K51.80	Other ulcerative colitis without complications	Diagnosis	ICD-10-CM
K51.81	Other ulcerative colitis with complications	Diagnosis	ICD-10-CM
K51.811	Other ulcerative colitis with rectal bleeding	Diagnosis	ICD-10-CM
K51.812	Other ulcerative colitis with intestinal obstruction	Diagnosis	ICD-10-CM
K51.813	Other ulcerative colitis with fistula	Diagnosis	ICD-10-CM
K51.814	Other ulcerative colitis with abscess	Diagnosis	ICD-10-CM
K51.818	Other ulcerative colitis with other complication	Diagnosis	ICD-10-CM
K51.819	Other ulcerative colitis with unspecified complications	Diagnosis	ICD-10-CM
K51.9	Ulcerative colitis, unspecified	Diagnosis	ICD-10-CM
K51.90	Ulcerative colitis, unspecified, without complications	Diagnosis	ICD-10-CM
K51.91	Ulcerative colitis, unspecified, with complications	Diagnosis	ICD-10-CM
K51.911	Ulcerative colitis, unspecified with rectal bleeding	Diagnosis	ICD-10-CM
K51.912	Ulcerative colitis, unspecified with intestinal obstruction	Diagnosis	ICD-10-CM
K51.913	Ulcerative colitis, unspecified with fistula	Diagnosis	ICD-10-CM
K51.914	Ulcerative colitis, unspecified with abscess	Diagnosis	ICD-10-CM
K51.918	Ulcerative colitis, unspecified with other complication	Diagnosis	ICD-10-CM
K51.919	Ulcerative colitis, unspecified with unspecified complications	Diagnosis	ICD-10-CM
<b>Rheumatoid Arthritis</b>			
714.0	Rheumatoid arthritis	Diagnosis	ICD-9-CM
714.2	Other rheumatoid arthritis with visceral or systemic involvement	Diagnosis	ICD-9-CM
714.30	Polyarticular juvenile rheumatoid arthritis, chronic or unspecified	Diagnosis	ICD-9-CM
714.31	Polyarticular juvenile rheumatoid arthritis, acute	Diagnosis	ICD-9-CM
714.32	Pauciarticular juvenile rheumatoid arthritis	Diagnosis	ICD-9-CM
714.33	Monoarticular juvenile rheumatoid arthritis	Diagnosis	ICD-9-CM
M05.1	Rheumatoid lung disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.11	Rheumatoid lung disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.12	Rheumatoid lung disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.13	Rheumatoid lung disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.14	Rheumatoid lung disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.15	Rheumatoid lung disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.16	Rheumatoid lung disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.17	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.2	Rheumatoid vasculitis with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.21	Rheumatoid vasculitis with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.22	Rheumatoid vasculitis with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.23	Rheumatoid vasculitis with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.24	Rheumatoid vasculitis with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.25	Rheumatoid vasculitis with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.26	Rheumatoid vasculitis with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.27	Rheumatoid vasculitis with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.3	Rheumatoid heart disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.31	Rheumatoid heart disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.32	Rheumatoid heart disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.33	Rheumatoid heart disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.34	Rheumatoid heart disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.35	Rheumatoid heart disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.36	Rheumatoid heart disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.37	Rheumatoid heart disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.4	Rheumatoid myopathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.41	Rheumatoid myopathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.42	Rheumatoid myopathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.43	Rheumatoid myopathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.44	Rheumatoid myopathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM
M05.45	Rheumatoid myopathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.46	Rheumatoid myopathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.47	Rheumatoid myopathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.5	Rheumatoid polyneuropathy with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.51	Rheumatoid polyneuropathy with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder	Diagnosis	ICD-10-CM
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder	Diagnosis	ICD-10-CM
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder	Diagnosis	ICD-10-CM
M05.52	Rheumatoid polyneuropathy with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow	Diagnosis	ICD-10-CM
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow	Diagnosis	ICD-10-CM
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow	Diagnosis	ICD-10-CM
M05.53	Rheumatoid polyneuropathy with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist	Diagnosis	ICD-10-CM
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist	Diagnosis	ICD-10-CM
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist	Diagnosis	ICD-10-CM
M05.54	Rheumatoid polyneuropathy with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand	Diagnosis	ICD-10-CM
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand	Diagnosis	ICD-10-CM
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.55	Rheumatoid polyneuropathy with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip	Diagnosis	ICD-10-CM
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip	Diagnosis	ICD-10-CM
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip	Diagnosis	ICD-10-CM
M05.56	Rheumatoid polyneuropathy with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee	Diagnosis	ICD-10-CM
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee	Diagnosis	ICD-10-CM
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee	Diagnosis	ICD-10-CM
M05.57	Rheumatoid polyneuropathy with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot	Diagnosis	ICD-10-CM
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot	Diagnosis	ICD-10-CM
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.6	Rheumatoid arthritis with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.61	Rheumatoid arthritis of shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.62	Rheumatoid arthritis of elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.63	Rheumatoid arthritis of wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.64	Rheumatoid arthritis of hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.65	Rheumatoid arthritis of hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.66	Rheumatoid arthritis of knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.67	Rheumatoid arthritis of ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems	Diagnosis	ICD-10-CM
M05.7	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement	Diagnosis	ICD-10-CM
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement	Diagnosis	ICD-10-CM
M05.71	Rheumatoid arthritis with rheumatoid factor of shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement	Diagnosis	ICD-10-CM
M05.72	Rheumatoid arthritis with rheumatoid factor of elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement	Diagnosis	ICD-10-CM
M05.73	Rheumatoid arthritis with rheumatoid factor of wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement	Diagnosis	ICD-10-CM
M05.74	Rheumatoid arthritis with rheumatoid factor of hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement	Diagnosis	ICD-10-CM
M05.75	Rheumatoid arthritis with rheumatoid factor of hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement	Diagnosis	ICD-10-CM
M05.76	Rheumatoid arthritis with rheumatoid factor of knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement	Diagnosis	ICD-10-CM
M05.77	Rheumatoid arthritis with rheumatoid factor of ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement	Diagnosis	ICD-10-CM
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement	Diagnosis	ICD-10-CM
M05.8	Other rheumatoid arthritis with rheumatoid factor	Diagnosis	ICD-10-CM
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site	Diagnosis	ICD-10-CM
M05.81	Other rheumatoid arthritis with rheumatoid factor of shoulder	Diagnosis	ICD-10-CM
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder	Diagnosis	ICD-10-CM
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder	Diagnosis	ICD-10-CM
M05.82	Other rheumatoid arthritis with rheumatoid factor of elbow	Diagnosis	ICD-10-CM
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow	Diagnosis	ICD-10-CM
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow	Diagnosis	ICD-10-CM
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow	Diagnosis	ICD-10-CM
M05.83	Other rheumatoid arthritis with rheumatoid factor of wrist	Diagnosis	ICD-10-CM
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist	Diagnosis	ICD-10-CM
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist	Diagnosis	ICD-10-CM
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist	Diagnosis	ICD-10-CM
M05.84	Other rheumatoid arthritis with rheumatoid factor of hand	Diagnosis	ICD-10-CM
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand	Diagnosis	ICD-10-CM
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand	Diagnosis	ICD-10-CM
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand	Diagnosis	ICD-10-CM
M05.85	Other rheumatoid arthritis with rheumatoid factor of hip	Diagnosis	ICD-10-CM
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip	Diagnosis	ICD-10-CM
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip	Diagnosis	ICD-10-CM
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip	Diagnosis	ICD-10-CM
M05.86	Other rheumatoid arthritis with rheumatoid factor of knee	Diagnosis	ICD-10-CM
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee	Diagnosis	ICD-10-CM
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee	Diagnosis	ICD-10-CM
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee	Diagnosis	ICD-10-CM
M05.87	Other rheumatoid arthritis with rheumatoid factor of ankle and foot	Diagnosis	ICD-10-CM
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot	Diagnosis	ICD-10-CM
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot	Diagnosis	ICD-10-CM
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot	Diagnosis	ICD-10-CM
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites	Diagnosis	ICD-10-CM
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified	Diagnosis	ICD-10-CM
M06.0	Rheumatoid arthritis without rheumatoid factor	Diagnosis	ICD-10-CM
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site	Diagnosis	ICD-10-CM
M06.01	Rheumatoid arthritis without rheumatoid factor, shoulder	Diagnosis	ICD-10-CM
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder	Diagnosis	ICD-10-CM
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder	Diagnosis	ICD-10-CM
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder	Diagnosis	ICD-10-CM
M06.02	Rheumatoid arthritis without rheumatoid factor, elbow	Diagnosis	ICD-10-CM
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow	Diagnosis	ICD-10-CM
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow	Diagnosis	ICD-10-CM
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow	Diagnosis	ICD-10-CM
M06.03	Rheumatoid arthritis without rheumatoid factor, wrist	Diagnosis	ICD-10-CM
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist	Diagnosis	ICD-10-CM
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist	Diagnosis	ICD-10-CM
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist	Diagnosis	ICD-10-CM
M06.04	Rheumatoid arthritis without rheumatoid factor, hand	Diagnosis	ICD-10-CM



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand	Diagnosis	ICD-10-CM
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand	Diagnosis	ICD-10-CM
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand	Diagnosis	ICD-10-CM
M06.05	Rheumatoid arthritis without rheumatoid factor, hip	Diagnosis	ICD-10-CM
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip	Diagnosis	ICD-10-CM
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip	Diagnosis	ICD-10-CM
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip	Diagnosis	ICD-10-CM
M06.06	Rheumatoid arthritis without rheumatoid factor, knee	Diagnosis	ICD-10-CM
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee	Diagnosis	ICD-10-CM
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee	Diagnosis	ICD-10-CM
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee	Diagnosis	ICD-10-CM
M06.07	Rheumatoid arthritis without rheumatoid factor, ankle and foot	Diagnosis	ICD-10-CM
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot	Diagnosis	ICD-10-CM
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot	Diagnosis	ICD-10-CM
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae	Diagnosis	ICD-10-CM
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites	Diagnosis	ICD-10-CM
M06.1	Adult-onset Still's disease	Diagnosis	ICD-10-CM
M06.2	Rheumatoid bursitis	Diagnosis	ICD-10-CM
M06.20	Rheumatoid bursitis, unspecified site	Diagnosis	ICD-10-CM
M06.21	Rheumatoid bursitis, shoulder	Diagnosis	ICD-10-CM
M06.211	Rheumatoid bursitis, right shoulder	Diagnosis	ICD-10-CM
M06.212	Rheumatoid bursitis, left shoulder	Diagnosis	ICD-10-CM
M06.219	Rheumatoid bursitis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.22	Rheumatoid bursitis, elbow	Diagnosis	ICD-10-CM
M06.221	Rheumatoid bursitis, right elbow	Diagnosis	ICD-10-CM
M06.222	Rheumatoid bursitis, left elbow	Diagnosis	ICD-10-CM
M06.229	Rheumatoid bursitis, unspecified elbow	Diagnosis	ICD-10-CM
M06.23	Rheumatoid bursitis, wrist	Diagnosis	ICD-10-CM
M06.231	Rheumatoid bursitis, right wrist	Diagnosis	ICD-10-CM
M06.232	Rheumatoid bursitis, left wrist	Diagnosis	ICD-10-CM
M06.239	Rheumatoid bursitis, unspecified wrist	Diagnosis	ICD-10-CM
M06.24	Rheumatoid bursitis, hand	Diagnosis	ICD-10-CM
M06.241	Rheumatoid bursitis, right hand	Diagnosis	ICD-10-CM
M06.242	Rheumatoid bursitis, left hand	Diagnosis	ICD-10-CM
M06.249	Rheumatoid bursitis, unspecified hand	Diagnosis	ICD-10-CM
M06.25	Rheumatoid bursitis, hip	Diagnosis	ICD-10-CM
M06.251	Rheumatoid bursitis, right hip	Diagnosis	ICD-10-CM
M06.252	Rheumatoid bursitis, left hip	Diagnosis	ICD-10-CM
M06.259	Rheumatoid bursitis, unspecified hip	Diagnosis	ICD-10-CM
M06.26	Rheumatoid bursitis, knee	Diagnosis	ICD-10-CM
M06.261	Rheumatoid bursitis, right knee	Diagnosis	ICD-10-CM
M06.262	Rheumatoid bursitis, left knee	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.269	Rheumatoid bursitis, unspecified knee	Diagnosis	ICD-10-CM
M06.27	Rheumatoid bursitis, ankle and foot	Diagnosis	ICD-10-CM
M06.271	Rheumatoid bursitis, right ankle and foot	Diagnosis	ICD-10-CM
M06.272	Rheumatoid bursitis, left ankle and foot	Diagnosis	ICD-10-CM
M06.279	Rheumatoid bursitis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.28	Rheumatoid bursitis, vertebrae	Diagnosis	ICD-10-CM
M06.29	Rheumatoid bursitis, multiple sites	Diagnosis	ICD-10-CM
M06.3	Rheumatoid nodule	Diagnosis	ICD-10-CM
M06.30	Rheumatoid nodule, unspecified site	Diagnosis	ICD-10-CM
M06.31	Rheumatoid nodule, shoulder	Diagnosis	ICD-10-CM
M06.311	Rheumatoid nodule, right shoulder	Diagnosis	ICD-10-CM
M06.312	Rheumatoid nodule, left shoulder	Diagnosis	ICD-10-CM
M06.319	Rheumatoid nodule, unspecified shoulder	Diagnosis	ICD-10-CM
M06.32	Rheumatoid nodule, elbow	Diagnosis	ICD-10-CM
M06.321	Rheumatoid nodule, right elbow	Diagnosis	ICD-10-CM
M06.322	Rheumatoid nodule, left elbow	Diagnosis	ICD-10-CM
M06.329	Rheumatoid nodule, unspecified elbow	Diagnosis	ICD-10-CM
M06.33	Rheumatoid nodule, wrist	Diagnosis	ICD-10-CM
M06.331	Rheumatoid nodule, right wrist	Diagnosis	ICD-10-CM
M06.332	Rheumatoid nodule, left wrist	Diagnosis	ICD-10-CM
M06.339	Rheumatoid nodule, unspecified wrist	Diagnosis	ICD-10-CM
M06.34	Rheumatoid nodule, hand	Diagnosis	ICD-10-CM
M06.341	Rheumatoid nodule, right hand	Diagnosis	ICD-10-CM
M06.342	Rheumatoid nodule, left hand	Diagnosis	ICD-10-CM
M06.349	Rheumatoid nodule, unspecified hand	Diagnosis	ICD-10-CM
M06.35	Rheumatoid nodule, hip	Diagnosis	ICD-10-CM
M06.351	Rheumatoid nodule, right hip	Diagnosis	ICD-10-CM
M06.352	Rheumatoid nodule, left hip	Diagnosis	ICD-10-CM
M06.359	Rheumatoid nodule, unspecified hip	Diagnosis	ICD-10-CM
M06.36	Rheumatoid nodule, knee	Diagnosis	ICD-10-CM
M06.361	Rheumatoid nodule, right knee	Diagnosis	ICD-10-CM
M06.362	Rheumatoid nodule, left knee	Diagnosis	ICD-10-CM
M06.369	Rheumatoid nodule, unspecified knee	Diagnosis	ICD-10-CM
M06.37	Rheumatoid nodule, ankle and foot	Diagnosis	ICD-10-CM
M06.371	Rheumatoid nodule, right ankle and foot	Diagnosis	ICD-10-CM
M06.372	Rheumatoid nodule, left ankle and foot	Diagnosis	ICD-10-CM
M06.379	Rheumatoid nodule, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.38	Rheumatoid nodule, vertebrae	Diagnosis	ICD-10-CM
M06.39	Rheumatoid nodule, multiple sites	Diagnosis	ICD-10-CM
M06.8	Other specified rheumatoid arthritis	Diagnosis	ICD-10-CM
M06.80	Other specified rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M06.81	Other specified rheumatoid arthritis, shoulder	Diagnosis	ICD-10-CM
M06.811	Other specified rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M06.812	Other specified rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M06.819	Other specified rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M06.82	Other specified rheumatoid arthritis, elbow	Diagnosis	ICD-10-CM
M06.821	Other specified rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M06.822	Other specified rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M06.829	Other specified rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M06.83	Other specified rheumatoid arthritis, wrist	Diagnosis	ICD-10-CM
M06.831	Other specified rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M06.832	Other specified rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M06.839	Other specified rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M06.84	Other specified rheumatoid arthritis, hand	Diagnosis	ICD-10-CM
M06.841	Other specified rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M06.842	Other specified rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M06.849	Other specified rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M06.85	Other specified rheumatoid arthritis, hip	Diagnosis	ICD-10-CM
M06.851	Other specified rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M06.852	Other specified rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M06.859	Other specified rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M06.86	Other specified rheumatoid arthritis, knee	Diagnosis	ICD-10-CM
M06.861	Other specified rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M06.862	Other specified rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M06.869	Other specified rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M06.87	Other specified rheumatoid arthritis, ankle and foot	Diagnosis	ICD-10-CM
M06.871	Other specified rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M06.872	Other specified rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M06.88	Other specified rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M06.89	Other specified rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M06.9	Rheumatoid arthritis, unspecified	Diagnosis	ICD-10-CM
M08.0	Unspecified juvenile rheumatoid arthritis	Diagnosis	ICD-10-CM
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M08.01	Unspecified juvenile rheumatoid arthritis, shoulder	Diagnosis	ICD-10-CM
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.02	Unspecified juvenile rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.03	Unspecified juvenile rheumatoid arthritis, wrist	Diagnosis	ICD-10-CM
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
M08.04	Unspecified juvenile rheumatoid arthritis, hand	Diagnosis	ICD-10-CM
M08.041	Unspecified juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.042	Unspecified juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.05	Unspecified juvenile rheumatoid arthritis, hip	Diagnosis	ICD-10-CM
M08.051	Unspecified juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.052	Unspecified juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.06	Unspecified juvenile rheumatoid arthritis, knee	Diagnosis	ICD-10-CM
M08.061	Unspecified juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.062	Unspecified juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.07	Unspecified juvenile rheumatoid arthritis, ankle and foot	Diagnosis	ICD-10-CM
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites	Diagnosis	ICD-10-CM
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site	Diagnosis	ICD-10-CM
M08.21	Juvenile rheumatoid arthritis with systemic onset, shoulder	Diagnosis	ICD-10-CM
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder	Diagnosis	ICD-10-CM
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder	Diagnosis	ICD-10-CM
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder	Diagnosis	ICD-10-CM
M08.22	Juvenile rheumatoid arthritis with systemic onset, elbow	Diagnosis	ICD-10-CM
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow	Diagnosis	ICD-10-CM
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow	Diagnosis	ICD-10-CM
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow	Diagnosis	ICD-10-CM
M08.23	Juvenile rheumatoid arthritis with systemic onset, wrist	Diagnosis	ICD-10-CM
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist	Diagnosis	ICD-10-CM
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist	Diagnosis	ICD-10-CM
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist	Diagnosis	ICD-10-CM
M08.24	Juvenile rheumatoid arthritis with systemic onset, hand	Diagnosis	ICD-10-CM
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand	Diagnosis	ICD-10-CM
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand	Diagnosis	ICD-10-CM
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand	Diagnosis	ICD-10-CM
M08.25	Juvenile rheumatoid arthritis with systemic onset, hip	Diagnosis	ICD-10-CM
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip	Diagnosis	ICD-10-CM
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip	Diagnosis	ICD-10-CM
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip	Diagnosis	ICD-10-CM
M08.26	Juvenile rheumatoid arthritis with systemic onset, knee	Diagnosis	ICD-10-CM
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee	Diagnosis	ICD-10-CM
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee	Diagnosis	ICD-10-CM
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee	Diagnosis	ICD-10-CM

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code Category	Code Type
M08.27	Juvenile rheumatoid arthritis with systemic onset, ankle and foot	Diagnosis	ICD-10-CM
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot	Diagnosis	ICD-10-CM
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot	Diagnosis	ICD-10-CM
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae	Diagnosis	ICD-10-CM
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites	Diagnosis	ICD-10-CM
M08.4	Pauciarticular juvenile rheumatoid arthritis	Diagnosis	ICD-10-CM
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site	Diagnosis	ICD-10-CM
M08.41	Pauciarticular juvenile rheumatoid arthritis, shoulder	Diagnosis	ICD-10-CM
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder	Diagnosis	ICD-10-CM
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder	Diagnosis	ICD-10-CM
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder	Diagnosis	ICD-10-CM
M08.42	Pauciarticular juvenile rheumatoid arthritis, elbow	Diagnosis	ICD-10-CM
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow	Diagnosis	ICD-10-CM
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow	Diagnosis	ICD-10-CM
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow	Diagnosis	ICD-10-CM
M08.43	Pauciarticular juvenile rheumatoid arthritis, wrist	Diagnosis	ICD-10-CM
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist	Diagnosis	ICD-10-CM
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist	Diagnosis	ICD-10-CM
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist	Diagnosis	ICD-10-CM
M08.44	Pauciarticular juvenile rheumatoid arthritis, hand	Diagnosis	ICD-10-CM
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand	Diagnosis	ICD-10-CM
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand	Diagnosis	ICD-10-CM
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand	Diagnosis	ICD-10-CM
M08.45	Pauciarticular juvenile rheumatoid arthritis, hip	Diagnosis	ICD-10-CM
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip	Diagnosis	ICD-10-CM
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip	Diagnosis	ICD-10-CM
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip	Diagnosis	ICD-10-CM
M08.46	Pauciarticular juvenile rheumatoid arthritis, knee	Diagnosis	ICD-10-CM
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee	Diagnosis	ICD-10-CM
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee	Diagnosis	ICD-10-CM
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee	Diagnosis	ICD-10-CM
M08.47	Pauciarticular juvenile rheumatoid arthritis, ankle and foot	Diagnosis	ICD-10-CM
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot	Diagnosis	ICD-10-CM
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot	Diagnosis	ICD-10-CM
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot	Diagnosis	ICD-10-CM
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae	Diagnosis	ICD-10-CM
Erythrocyte Sedimentation Rate			
85651	Sedimentation rate, erythrocyte; non-automated	Procedure	CPT-4
85652	Sedimentation rate, erythrocyte; non-automated	Procedure	CPT-4
C-reactive Protein			
86140	C-reactive protein;	Procedure	CPT-4
86141	C-reactive protein; high sensitivity (hsCRP)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

Code	Description	Code Category	Code Type
<b>Complete Blood Count</b>			
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Procedure	CPT-4
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Procedure	CPT-4
<b>Chemical Panels or Electrolyte</b>			
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	Procedure	CPT-4
82248	Bilirubin; direct	Procedure	CPT-4
82247	Bilirubin; total	Procedure	CPT-4
82465	Cholesterol, serum or whole blood, total	Procedure	CPT-4
82977	Glutamyltransferase, gamma (GGT)	Procedure	CPT-4
83540	Iron	Procedure	CPT-4
83615	Lactate dehydrogenase (LD), (LDH);	Procedure	CPT-4
84100	Phosphorus inorganic (phosphate);	Procedure	CPT-4
84105	Phosphorus inorganic (phosphate); urine	Procedure	CPT-4
84478	Triglycerides	Procedure	CPT-4
84550	Uric acid; blood	Procedure	CPT-4
<b>Rheumatoid Factor Quantitative</b>			
86431	Rheumatoid factor; quantitative	Procedure	CPT-4
<b>Anti-cyclic Citrullinated Peptide</b>			
86200	Cyclic citrullinated peptide (CCP), antibody	Procedure	CPT-4
<b>Arthritis Panel</b>			
80072	Arthritis panel This panel must include the following: Uric acid, blood, chemical (84550) Sedimentation rate, erythrocyte, non-automated (85651) Fluorescent noninfectious agent, screen, each antibody (86255) Rheumatoid factor, qualitative (86430)	Procedure	CPT-4
<b>Radiographs</b>			
70100	Radiologic examination, mandible; partial, less than 4 views	Procedure	CPT-4
70110	Radiologic examination, mandible; complete, minimum of 4 views	Procedure	CPT-4
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	Procedure	CPT-4
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	Procedure	CPT-4
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	Procedure	CPT-4
70333	Temporomandibular Joint Arthrography; Complete Procedure	Procedure	CPT-4
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Procedure	CPT-4
70490	Computed tomography, soft tissue neck; without contrast material	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
70491	Computed tomography, soft tissue neck; with contrast material(s)	Procedure	CPT-4
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Procedure	CPT-4
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Procedure	CPT-4
70541	Magnetic resonance angiography, head and/or neck, with or without contrast material(s)	Procedure	CPT-4
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Procedure	CPT-4
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Procedure	CPT-4
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Procedure	CPT-4
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Procedure	CPT-4
71010	Radiologic examination, chest; single view, frontal	Procedure	CPT-4
71015	Radiologic examination, chest; stereo, frontal	Procedure	CPT-4
71020	Radiologic examination, chest, 2 views, frontal and lateral;	Procedure	CPT-4
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	Procedure	CPT-4
71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections	Procedure	CPT-4
71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy	Procedure	CPT-4
71030	Radiologic examination, chest, complete, minimum of 4 views;	Procedure	CPT-4
71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy	Procedure	CPT-4
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	Procedure	CPT-4
71045	Radiologic examination, chest; single view	Procedure	CPT-4
71046	Radiologic examination, chest; 2 views	Procedure	CPT-4
71047	Radiologic examination, chest; 3 views	Procedure	CPT-4
71048	Radiologic examination, chest; 4 or more views	Procedure	CPT-4
71060	Bronchography, bilateral, radiological supervision and interpretation	Procedure	CPT-4
71061	Bronchography, Bilateral; Complete Procedure	Procedure	CPT-4
71090	Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation	Procedure	CPT-4
71100	Radiologic examination, ribs, unilateral; 2 views	Procedure	CPT-4
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	Procedure	CPT-4
71110	Radiologic examination, ribs, bilateral; 3 views	Procedure	CPT-4
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	Procedure	CPT-4
71120	Radiologic examination; sternum, minimum of 2 views	Procedure	CPT-4
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	Procedure	CPT-4
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
72020	Radiologic examination, spine, single view, specify level	Procedure	CPT-4
72040	Radiologic examination, spine, cervical; 2 or 3 views	Procedure	CPT-4
72050	Radiologic examination, spine, cervical; 4 or 5 views	Procedure	CPT-4
72052	Radiologic examination, spine, cervical; 6 or more views	Procedure	CPT-4
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	Procedure	CPT-4
72070	Radiologic examination, spine; thoracic, 2 views	Procedure	CPT-4
72072	Radiologic examination, spine; thoracic, 3 views	Procedure	CPT-4
72074	Radiologic examination, spine; thoracic, minimum of 4 views	Procedure	CPT-4
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	Procedure	CPT-4
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	Procedure	CPT-4
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	Procedure	CPT-4
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	Procedure	CPT-4
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	Procedure	CPT-4
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	Procedure	CPT-4
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	Procedure	CPT-4
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	Procedure	CPT-4
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	Procedure	CPT-4
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	Procedure	CPT-4
72125	Computed tomography, cervical spine; without contrast material	Procedure	CPT-4
72126	Computed tomography, cervical spine; with contrast material	Procedure	CPT-4
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Procedure	CPT-4
72128	Computed tomography, thoracic spine; without contrast material	Procedure	CPT-4
72129	Computed tomography, thoracic spine; with contrast material	Procedure	CPT-4
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Procedure	CPT-4
72131	Computed tomography, lumbar spine; without contrast material	Procedure	CPT-4
72132	Computed tomography, lumbar spine; with contrast material	Procedure	CPT-4
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Procedure	CPT-4
72140	Magnetic Resonance (eg, Proton) Imaging,	Procedure	CPT-4
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Procedure	CPT-4
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Procedure	CPT-4
72143	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And	Procedure	CPT-4
72144	Magnetic Resonance (eg, Proton) Imaging, Spinal Canal And	Procedure	CPT-4



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Procedure	CPT-4
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Procedure	CPT-4
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Procedure	CPT-4
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Procedure	CPT-4
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Procedure	CPT-4
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Procedure	CPT-4
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Procedure	CPT-4
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Procedure	CPT-4
72170	Radiologic examination, pelvis; 1 or 2 views	Procedure	CPT-4
72180	Radiologic Examination, Pelvis	Procedure	CPT-4
72190	Radiologic examination, pelvis; complete, minimum of 3 views	Procedure	CPT-4
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Procedure	CPT-4
72192	Computed tomography, pelvis; without contrast material	Procedure	CPT-4
72193	Computed tomography, pelvis; with contrast material(s)	Procedure	CPT-4
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Procedure	CPT-4
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Procedure	CPT-4
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Procedure	CPT-4
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Procedure	CPT-4
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Procedure	CPT-4
72200	Radiologic examination, sacroiliac joints; less than 3 views	Procedure	CPT-4
72202	Radiologic examination, sacroiliac joints; 3 or more views	Procedure	CPT-4
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	Procedure	CPT-4
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Procedure	CPT-4
72286	Diskography, Cervical; Complete Procedure	Procedure	CPT-4
72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance	Procedure	CPT-4
72292	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance	Procedure	CPT-4
72295	Discography, lumbar, radiological supervision and interpretation	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
72296	Diskography, Lumbar; Complete Procedure	Procedure	CPT-4
73000	Radiologic examination; clavicle, complete	Procedure	CPT-4
73010	Radiologic examination; scapula, complete	Procedure	CPT-4
73020	Radiologic examination, shoulder; 1 view	Procedure	CPT-4
73030	Radiologic examination, shoulder; complete, minimum of 2 views	Procedure	CPT-4
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	Procedure	CPT-4
73041	Radiologic Examination, Shoulder, Arthrography; Complete Procedure	Procedure	CPT-4
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	Procedure	CPT-4
73060	Radiologic examination; humerus, minimum of 2 views	Procedure	CPT-4
73070	Radiologic examination, elbow; 2 views	Procedure	CPT-4
73080	Radiologic examination, elbow; complete, minimum of 3 views	Procedure	CPT-4
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	Procedure	CPT-4
73086	Radiologic Examination, Elbow, Arthrography; Complete Procedure	Procedure	CPT-4
73090	Radiologic examination; forearm, 2 views	Procedure	CPT-4
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	Procedure	CPT-4
73100	Radiologic examination, wrist; 2 views	Procedure	CPT-4
73110	Radiologic examination, wrist; complete, minimum of 3 views	Procedure	CPT-4
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	Procedure	CPT-4
73116	Radiologic Examination, Wrist, Arthrography; Complete Procedure	Procedure	CPT-4
73120	Radiologic examination, hand; 2 views	Procedure	CPT-4
73130	Radiologic examination, hand; minimum of 3 views	Procedure	CPT-4
73140	Radiologic examination, finger(s), minimum of 2 views	Procedure	CPT-4
73200	Computed tomography, upper extremity; without contrast material	Procedure	CPT-4
73201	Computed tomography, upper extremity; with contrast material(s)	Procedure	CPT-4
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Procedure	CPT-4
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Procedure	CPT-4
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Procedure	CPT-4
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Procedure	CPT-4
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Procedure	CPT-4
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Procedure	CPT-4
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Procedure	CPT-4
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Procedure	CPT-4
73500	Radiologic examination, hip, unilateral; 1 view	Procedure	CPT-4
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	Procedure	CPT-4
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	Procedure	CPT-4
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	Procedure	CPT-4
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	Procedure	CPT-4
73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	Procedure	CPT-4
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	Procedure	CPT-4
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	Procedure	CPT-4
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	Procedure	CPT-4
73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	Procedure	CPT-4
73526	Radiologic Examination, Hip, Arthrography; Complete Procedure	Procedure	CPT-4
73530	Radiologic examination, hip, during operative procedure	Procedure	CPT-4
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	Procedure	CPT-4
73542	Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation	Procedure	CPT-4
73550	Radiologic examination, femur, 2 views	Procedure	CPT-4
73551	Radiologic examination, femur; 1 view	Procedure	CPT-4
73552	Radiologic examination, femur; minimum 2 views	Procedure	CPT-4
73560	Radiologic examination, knee; 1 or 2 views	Procedure	CPT-4
73562	Radiologic examination, knee; 3 views	Procedure	CPT-4
73564	Radiologic examination, knee; complete, 4 or more views	Procedure	CPT-4
73565	Radiologic examination, knee; both knees, standing, anteroposterior	Procedure	CPT-4
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	Procedure	CPT-4
73581	Radiologic Examination, Knee, Arthrography; Complete Procedure	Procedure	CPT-4
73590	Radiologic examination; tibia and fibula, 2 views	Procedure	CPT-4
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	Procedure	CPT-4
73600	Radiologic examination, ankle; 2 views	Procedure	CPT-4
73610	Radiologic examination, ankle; complete, minimum of 3 views	Procedure	CPT-4
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	Procedure	CPT-4
73616	Radiologic Examination, Ankle, Arthrography; Complete Procedure	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
73620	Radiologic examination, foot; 2 views	Procedure	CPT-4
73630	Radiologic examination, foot; complete, minimum of 3 views	Procedure	CPT-4
73650	Radiologic examination; calcaneus, minimum of 2 views	Procedure	CPT-4
73660	Radiologic examination; toe(s), minimum of 2 views	Procedure	CPT-4
73700	Computed tomography, lower extremity; without contrast material	Procedure	CPT-4
73701	Computed tomography, lower extremity; with contrast material(s)	Procedure	CPT-4
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Procedure	CPT-4
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Procedure	CPT-4
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Procedure	CPT-4
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Procedure	CPT-4
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Procedure	CPT-4
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Procedure	CPT-4
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Procedure	CPT-4
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Procedure	CPT-4
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Procedure	CPT-4
74210	Radiologic examination; pharynx and/or cervical esophagus	Procedure	CPT-4
76066	Joint survey, single view, two or more joints (specify)	Procedure	CPT-4
76070	Computed tomography, bone mineral density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	Procedure	CPT-4
76071	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Procedure	CPT-4
76075	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; axial skeleton (eg, hips, pelvis, spine)	Procedure	CPT-4
76076	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Procedure	CPT-4
76077	Dual energy X-ray absorptiometry (DXA), bone density study, one or more sites; vertebral fracture assessment	Procedure	CPT-4
76078	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), one or more sites	Procedure	CPT-4
76360	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Procedure	CPT-4
76361	Computerized Tomography Guidance For Needle Biopsy; Complete Procedure	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
76365	Computerized tomography guidance for cyst aspiration, radiological supervision and interpretation	Procedure	CPT-4
76366	Computerized Tomography Guidance For Cyst Aspiration; Complete Procedure	Procedure	CPT-4
76380	Computed tomography, limited or localized follow-up study	Procedure	CPT-4
76393	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Procedure	CPT-4
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	Procedure	CPT-4
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Procedure	CPT-4
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Procedure	CPT-4
76499	Unlisted diagnostic radiographic procedure	Procedure	CPT-4
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	Procedure	CPT-4
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	Procedure	CPT-4
76800	Ultrasound, spinal canal and contents	Procedure	CPT-4
76934	Ultrasonic guidance for thoracentesis or abdominal paracentesis, radiological supervision and interpretation	Procedure	CPT-4
76935	Ultrasonic Guidance For Thoracentesis; Complete Procedure	Procedure	CPT-4
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	Procedure	CPT-4
76938	Ultrasonic guidance for cyst (any location) or renal pelvis aspiration, radiological supervision and interpretation	Procedure	CPT-4
76939	Ultrasonic Guidance For Cyst (any Location), Or Renal Pelvis Aspiration; Complete Procedure	Procedure	CPT-4
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Procedure	CPT-4
76943	Ultrasonic Guidance For Needle Biopsy; Complete Procedure	Procedure	CPT-4
76944	Ultrasonic Guidance For Abscess Or Collection Drainage	Procedure	CPT-4
76970	Ultrasound study follow-up (specify)	Procedure	CPT-4
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	Procedure	CPT-4
76986	Ultrasonic guidance, intraoperative	Procedure	CPT-4
76991	Intraluminal Ultrasound Study (eg, Transrectal, Transvaginal)	Procedure	CPT-4
76998	Ultrasonic guidance, intraoperative	Procedure	CPT-4
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	Procedure	CPT-4
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	Procedure	CPT-4
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	Procedure	CPT-4
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Procedure	CPT-4
77077	Joint survey, single view, 2 or more joints (specify)	Procedure	CPT-4
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Procedure	CPT-4
77079	Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Procedure	CPT-4
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Procedure	CPT-4
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	Procedure	CPT-4
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	Procedure	CPT-4
77083	Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites	Procedure	CPT-4
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	Procedure	CPT-4
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	Procedure	CPT-4
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Procedure	CPT-4
78300	Bone and/or joint imaging; limited area	Procedure	CPT-4
78305	Bone and/or joint imaging; multiple areas	Procedure	CPT-4
78306	Bone and/or joint imaging; whole body	Procedure	CPT-4
78310	BONE/JT. IMAG.;VASCULAR FLOW	Procedure	CPT-4
78315	Bone and/or joint imaging; 3 phase study	Procedure	CPT-4
78320	Bone and/or joint imaging; tomographic (SPECT)	Procedure	CPT-4
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	Procedure	CPT-4
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	Procedure	CPT-4
78380	Joint Imaging; Limited Area	Procedure	CPT-4
78381	Joint Imaging; Multiple Areas	Procedure	CPT-4
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	Procedure	CPT-4
<b>Hand and Foot Radiology</b>			
73100	Radiologic examination, wrist; 2 views	Procedure	CPT-4
73110	Radiologic examination, wrist; complete, minimum of 3 views	Procedure	CPT-4
73120	Radiologic examination, hand; 2 views	Procedure	CPT-4
73130	Radiologic examination, hand; minimum of 3 views	Procedure	CPT-4
73620	Radiologic examination, foot; 2 views	Procedure	CPT-4
73630	Radiologic examination, foot; complete, minimum of 3 views	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
73650	Radiologic examination; calcaneus, minimum of 2 views	Procedure	CPT-4
73660	Radiologic examination; toe(s), minimum of 2 views	Procedure	CPT-4
<b>C-Spine Radiology</b>			
72040	Radiologic examination, spine, cervical; 2 or 3 views	Procedure	CPT-4
72052	Radiologic examination, spine, cervical; 6 or more views	Procedure	CPT-4
72050	Radiologic examination, spine, cervical; 4 or 5 views	Procedure	CPT-4
<b>Any Surgery</b>			
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	Procedure	CPT-4
10022	Fine needle aspiration; with imaging guidance	Procedure	CPT-4
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	Procedure	CPT-4
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	Procedure	CPT-4
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	Procedure	CPT-4
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	Procedure	CPT-4
10080	Incision and drainage of pilonidal cyst; simple	Procedure	CPT-4
10081	Incision and drainage of pilonidal cyst; complicated	Procedure	CPT-4
10120	Incision and removal of foreign body, subcutaneous tissues; simple	Procedure	CPT-4
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	Procedure	CPT-4
10140	Incision and drainage of hematoma, seroma or fluid collection	Procedure	CPT-4
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	Procedure	CPT-4
10180	Incision and drainage, complex, postoperative wound infection	Procedure	CPT-4
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	Procedure	CPT-4
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	Procedure	CPT-4
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	Procedure	CPT-4
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	Procedure	CPT-4
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	Procedure	CPT-4
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	Procedure	CPT-4
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	Procedure	CPT-4
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Procedure	CPT-4
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Procedure	CPT-4
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Procedure	CPT-4
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	Procedure	CPT-4
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	Procedure	CPT-4
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	Procedure	CPT-4
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	Procedure	CPT-4
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	Procedure	CPT-4
11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	Procedure	CPT-4
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	Procedure	CPT-4
11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	Procedure	CPT-4
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	Procedure	CPT-4
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	Procedure	CPT-4
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	Procedure	CPT-4
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	Procedure	CPT-4
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	Procedure	CPT-4
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	Procedure	CPT-4
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Procedure	CPT-4
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	Procedure	CPT-4
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Procedure	CPT-4
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	Procedure	CPT-4
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	Procedure	CPT-4
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	Procedure	CPT-4
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	Procedure	CPT-4
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	Procedure	CPT-4
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	Procedure	CPT-4
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair	Procedure	CPT-4
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair	Procedure	CPT-4
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	Procedure	CPT-4
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	Procedure	CPT-4
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Procedure	CPT-4
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	Procedure	CPT-4
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	Procedure	CPT-4
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	Procedure	CPT-4
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	Procedure	CPT-4
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	Procedure	CPT-4
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	Procedure	CPT-4
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	Procedure	CPT-4
11719	Trimming of nondystrophic nails, any number	Procedure	CPT-4
11720	Debridement of nail(s) by any method(s); 1 to 5	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
11721	Debridement of nail(s) by any method(s); 6 or more	Procedure	CPT-4
11730	Avulsion of nail plate, partial or complete, simple; single	Procedure	CPT-4
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	Procedure	CPT-4
11740	Evacuation of subungual hematoma	Procedure	CPT-4
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	Procedure	CPT-4
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	Procedure	CPT-4
11760	Repair of nail bed	Procedure	CPT-4
11762	Reconstruction of nail bed with graft	Procedure	CPT-4
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	Procedure	CPT-4
11770	Excision of pilonidal cyst or sinus; simple	Procedure	CPT-4
11771	Excision of pilonidal cyst or sinus; extensive	Procedure	CPT-4
11772	Excision of pilonidal cyst or sinus; complicated	Procedure	CPT-4
11900	Injection, intralesional; up to and including 7 lesions	Procedure	CPT-4
11901	Injection, intralesional; more than 7 lesions	Procedure	CPT-4
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Procedure	CPT-4
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Procedure	CPT-4
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Procedure	CPT-4
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Procedure	CPT-4
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Procedure	CPT-4
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Procedure	CPT-4
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	Procedure	CPT-4
11970	Replacement of tissue expander with permanent prosthesis	Procedure	CPT-4
11971	Removal of tissue expander(s) without insertion of prosthesis	Procedure	CPT-4
11976	Removal, implantable contraceptive capsules	Procedure	CPT-4
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Procedure	CPT-4
11981	Insertion, non-biodegradable drug delivery implant	Procedure	CPT-4
11982	Removal, non-biodegradable drug delivery implant	Procedure	CPT-4
11983	Removal with reinsertion, non-biodegradable drug delivery implant	Procedure	CPT-4
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	Procedure	CPT-4
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	Procedure	CPT-4
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	Procedure	CPT-4
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	Procedure	CPT-4
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	Procedure	CPT-4
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	Procedure	CPT-4
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	Procedure	CPT-4
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	Procedure	CPT-4
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	Procedure	CPT-4
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	Procedure	CPT-4
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	Procedure	CPT-4
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	Procedure	CPT-4
12020	Treatment of superficial wound dehiscence; simple closure	Procedure	CPT-4
12021	Treatment of superficial wound dehiscence; with packing	Procedure	CPT-4
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	Procedure	CPT-4
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	Procedure	CPT-4
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	Procedure	CPT-4
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	Procedure	CPT-4
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	Procedure	CPT-4
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	Procedure	CPT-4
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	Procedure	CPT-4
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	Procedure	CPT-4
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	Procedure	CPT-4
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	Procedure	CPT-4
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	Procedure	CPT-4
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	Procedure	CPT-4
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	Procedure	CPT-4
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	Procedure	CPT-4
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	Procedure	CPT-4
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	Procedure	CPT-4
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	Procedure	CPT-4
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	Procedure	CPT-4
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	Procedure	CPT-4
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	Procedure	CPT-4
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	Procedure	CPT-4
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	Procedure	CPT-4
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	Procedure	CPT-4
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	Procedure	CPT-4
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	Procedure	CPT-4
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	Procedure	CPT-4
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	Procedure	CPT-4
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	Procedure	CPT-4
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	Procedure	CPT-4
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	Procedure	CPT-4
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	Procedure	CPT-4
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Procedure	CPT-4
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	Procedure	CPT-4
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	Procedure	CPT-4
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	Procedure	CPT-4
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	Procedure	CPT-4
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	Procedure	CPT-4
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	Procedure	CPT-4
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	Procedure	CPT-4
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
14350	Filletted finger or toe flap, including preparation of recipient site	Procedure	CPT-4
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	Procedure	CPT-4
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	Procedure	CPT-4
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	Procedure	CPT-4
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure)	Procedure	CPT-4
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	Procedure	CPT-4
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	Procedure	CPT-4
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	Procedure	CPT-4
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	Procedure	CPT-4
15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Procedure	CPT-4
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15130	Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	Procedure	CPT-4
15131	Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15135	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	Procedure	CPT-4
15136	Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Procedure	CPT-4
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Procedure	CPT-4
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Procedure	CPT-4
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	Procedure	CPT-4
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	Procedure	CPT-4
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	Procedure	CPT-4
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	Procedure	CPT-4
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Procedure	CPT-4
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Procedure	CPT-4
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Procedure	CPT-4
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Procedure	CPT-4
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	Procedure	CPT-4
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	Procedure	CPT-4
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	Procedure	CPT-4
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	Procedure	CPT-4
15600	Delay of flap or sectioning of flap (division and inset); at trunk	Procedure	CPT-4
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	Procedure	CPT-4
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	Procedure	CPT-4
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	Procedure	CPT-4
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	Procedure	CPT-4
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	Procedure	CPT-4
15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	Procedure	CPT-4
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	Procedure	CPT-4
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	Procedure	CPT-4
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	Procedure	CPT-4
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	Procedure	CPT-4
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	Procedure	CPT-4
15750	Flap; neurovascular pedicle	Procedure	CPT-4
15756	Free muscle or myocutaneous flap with microvascular anastomosis	Procedure	CPT-4
15757	Free skin flap with microvascular anastomosis	Procedure	CPT-4
15758	Free fascial flap with microvascular anastomosis	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	Procedure	CPT-4
15770	Graft; derma-fat-fascia	Procedure	CPT-4
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Procedure	CPT-4
15776	Punch graft for hair transplant; more than 15 punch grafts	Procedure	CPT-4
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Procedure	CPT-4
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Procedure	CPT-4
15781	Dermabrasion; segmental, face	Procedure	CPT-4
15782	Dermabrasion; regional, other than face	Procedure	CPT-4
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Procedure	CPT-4
15786	Abrasion; single lesion (eg, keratosis, scar)	Procedure	CPT-4
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Procedure	CPT-4
15788	Chemical peel, facial; epidermal	Procedure	CPT-4
15789	Chemical peel, facial; dermal	Procedure	CPT-4
15792	Chemical peel, nonfacial; epidermal	Procedure	CPT-4
15793	Chemical peel, nonfacial; dermal	Procedure	CPT-4
15819	Cervicoplasty	Procedure	CPT-4
15820	Blepharoplasty, lower eyelid;	Procedure	CPT-4
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Procedure	CPT-4
15822	Blepharoplasty, upper eyelid;	Procedure	CPT-4
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Procedure	CPT-4
15824	Rhytidectomy; forehead	Procedure	CPT-4
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Procedure	CPT-4
15826	Rhytidectomy; glabellar frown lines	Procedure	CPT-4
15828	Rhytidectomy; cheek, chin, and neck	Procedure	CPT-4
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Procedure	CPT-4
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Procedure	CPT-4
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Procedure	CPT-4
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Procedure	CPT-4
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Procedure	CPT-4
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Procedure	CPT-4
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Procedure	CPT-4
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Procedure	CPT-4
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Procedure	CPT-4
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	Procedure	CPT-4
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	Procedure	CPT-4
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Procedure	CPT-4
15845	Graft for facial nerve paralysis; regional muscle transfer	Procedure	CPT-4
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	Procedure	CPT-4
15850	Removal of sutures under anesthesia (other than local), same surgeon	Procedure	CPT-4
15851	Removal of sutures under anesthesia (other than local), other surgeon	Procedure	CPT-4
15852	Dressing change (for other than burns) under anesthesia (other than local)	Procedure	CPT-4
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	Procedure	CPT-4
15876	Suction assisted lipectomy; head and neck	Procedure	CPT-4
15877	Suction assisted lipectomy; trunk	Procedure	CPT-4
15878	Suction assisted lipectomy; upper extremity	Procedure	CPT-4
15879	Suction assisted lipectomy; lower extremity	Procedure	CPT-4
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	Procedure	CPT-4
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	Procedure	CPT-4
15931	Excision, sacral pressure ulcer, with primary suture;	Procedure	CPT-4
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	Procedure	CPT-4
15934	Excision, sacral pressure ulcer, with skin flap closure;	Procedure	CPT-4
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	Procedure	CPT-4
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	Procedure	CPT-4
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	Procedure	CPT-4
15940	Excision, ischial pressure ulcer, with primary suture;	Procedure	CPT-4
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	Procedure	CPT-4
15944	Excision, ischial pressure ulcer, with skin flap closure;	Procedure	CPT-4
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	Procedure	CPT-4
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	Procedure	CPT-4
15950	Excision, trochanteric pressure ulcer, with primary suture;	Procedure	CPT-4
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	Procedure	CPT-4
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	Procedure	CPT-4
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	Procedure	CPT-4
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	Procedure	CPT-4
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	Procedure	CPT-4
15999	Unlisted procedure, excision pressure ulcer	Procedure	CPT-4
16000	Initial treatment, first degree burn, when no more than local treatment is required	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	Procedure	CPT-4
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	Procedure	CPT-4
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	Procedure	CPT-4
16035	Escharotomy; initial incision	Procedure	CPT-4
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	Procedure	CPT-4
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	Procedure	CPT-4
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	Procedure	CPT-4
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	Procedure	CPT-4
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Procedure	CPT-4
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Procedure	CPT-4
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Procedure	CPT-4
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	Procedure	CPT-4
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	Procedure	CPT-4
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	Procedure	CPT-4
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	Procedure	CPT-4
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	Procedure	CPT-4
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	Procedure	CPT-4
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	Procedure	CPT-4
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	Procedure	CPT-4
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	Procedure	CPT-4
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	Procedure	CPT-4
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	Procedure	CPT-4
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	Procedure	CPT-4
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	Procedure	CPT-4
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	Procedure	CPT-4
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	Procedure	CPT-4
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	Procedure	CPT-4
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Procedure	CPT-4
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	Procedure	CPT-4
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	Procedure	CPT-4
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	Procedure	CPT-4
17340	Cryotherapy (CO2 slush, liquid N2) for acne	Procedure	CPT-4
17360	Chemical exfoliation for acne (eg, acne paste, acid)	Procedure	CPT-4
17380	Electrolysis epilation, each 30 minutes	Procedure	CPT-4
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Procedure	CPT-4
19000	Puncture aspiration of cyst of breast;	Procedure	CPT-4
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	Procedure	CPT-4
19020	Mastotomy with exploration or drainage of abscess, deep	Procedure	CPT-4
19030	Injection procedure only for mammary ductogram or galactogram	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	Procedure	CPT-4
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	Procedure	CPT-4
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	Procedure	CPT-4
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	Procedure	CPT-4
19101	Biopsy of breast; open, incisional	Procedure	CPT-4
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Procedure	CPT-4
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	Procedure	CPT-4
19112	Excision of lactiferous duct fistula	Procedure	CPT-4
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	Procedure	CPT-4
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	Procedure	CPT-4
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	Procedure	CPT-4
19260	Excision of chest wall tumor including ribs	Procedure	CPT-4
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	Procedure	CPT-4
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	Procedure	CPT-4
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	Procedure	CPT-4
19284	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19285	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	Procedure	CPT-4
19286	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19287	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	Procedure	CPT-4
19288	Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)	Procedure	CPT-4
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Procedure	CPT-4
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	Procedure	CPT-4
19300	Mastectomy for gynecomastia	Procedure	CPT-4
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Procedure	CPT-4
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	Procedure	CPT-4
19303	Mastectomy, simple, complete	Procedure	CPT-4
19304	Mastectomy, subcutaneous	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	Procedure	CPT-4
19306	Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)	Procedure	CPT-4
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	Procedure	CPT-4
19316	Mastopexy	Procedure	CPT-4
19318	Reduction mammoplasty	Procedure	CPT-4
19324	Mammoplasty, augmentation; without prosthetic implant	Procedure	CPT-4
19325	Mammoplasty, augmentation; with prosthetic implant	Procedure	CPT-4
19328	Removal of intact mammary implant	Procedure	CPT-4
19330	Removal of mammary implant material	Procedure	CPT-4
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Procedure	CPT-4
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Procedure	CPT-4
19350	Nipple/areola reconstruction	Procedure	CPT-4
19355	Correction of inverted nipples	Procedure	CPT-4
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Procedure	CPT-4
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	Procedure	CPT-4
19364	Breast reconstruction with free flap	Procedure	CPT-4
19366	Breast reconstruction with other technique	Procedure	CPT-4
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	Procedure	CPT-4
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	Procedure	CPT-4
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	Procedure	CPT-4
19370	Open periprosthetic capsulotomy, breast	Procedure	CPT-4
19371	Periprosthetic capsulectomy, breast	Procedure	CPT-4
19380	Revision of reconstructed breast	Procedure	CPT-4
19396	Preparation of moulage for custom breast implant	Procedure	CPT-4
19499	Unlisted procedure, breast	Procedure	CPT-4
20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	Procedure	CPT-4
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	Procedure	CPT-4
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	Procedure	CPT-4
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	Procedure	CPT-4
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
20250	Biopsy, vertebral body, open; thoracic	Procedure	CPT-4
20251	Biopsy, vertebral body, open; lumbar or cervical	Procedure	CPT-4
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	Procedure	CPT-4
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	Procedure	CPT-4
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	Procedure	CPT-4
20551	Injection(s); single tendon origin/insertion	Procedure	CPT-4
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Procedure	CPT-4
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	Procedure	CPT-4
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	Procedure	CPT-4
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	Procedure	CPT-4
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	Procedure	CPT-4
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	Procedure	CPT-4
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	Procedure	CPT-4
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	Procedure	CPT-4
20612	Aspiration and/or injection of ganglion cyst(s) any location	Procedure	CPT-4
20615	Aspiration and injection for treatment of bone cyst	Procedure	CPT-4
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	Procedure	CPT-4
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Procedure	CPT-4
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	Procedure	CPT-4
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	Procedure	CPT-4
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	Procedure	CPT-4
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	Procedure	CPT-4
20694	Removal, under anesthesia, of external fixation system	Procedure	CPT-4
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Procedure	CPT-4
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	Procedure	CPT-4
20902	Bone graft, any donor area; major or large	Procedure	CPT-4
20910	Cartilage graft; costochondral	Procedure	CPT-4
20912	Cartilage graft; nasal septum	Procedure	CPT-4
20920	Fascia lata graft; by stripper	Procedure	CPT-4
20922	Fascia lata graft; by incision and area exposure, complex or sheet	Procedure	CPT-4
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	Procedure	CPT-4
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	Procedure	CPT-4
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Procedure	CPT-4
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Procedure	CPT-4
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)	Procedure	CPT-4
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)	Procedure	CPT-4
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)	Procedure	CPT-4
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)	Procedure	CPT-4
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Procedure	CPT-4
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Procedure	CPT-4
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	Procedure	CPT-4
20955	Bone graft with microvascular anastomosis; fibula	Procedure	CPT-4
20956	Bone graft with microvascular anastomosis; iliac crest	Procedure	CPT-4
20957	Bone graft with microvascular anastomosis; metatarsal	Procedure	CPT-4
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	Procedure	CPT-4
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	Procedure	CPT-4
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	Procedure	CPT-4
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	Procedure	CPT-4
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Procedure	CPT-4
20975	Electrical stimulation to aid bone healing; invasive (operative)	Procedure	CPT-4
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Procedure	CPT-4
20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	Procedure	CPT-4
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Procedure	CPT-4
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	Procedure	CPT-4
20999	Unlisted procedure, musculoskeletal system, general	Procedure	CPT-4
21010	Arthrotomy, temporomandibular joint	Procedure	CPT-4
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Procedure	CPT-4
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Procedure	CPT-4
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Procedure	CPT-4
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Procedure	CPT-4
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Procedure	CPT-4
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Procedure	CPT-4
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible	Procedure	CPT-4
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)	Procedure	CPT-4
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)	Procedure	CPT-4
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage	Procedure	CPT-4
21031	Excision of torus mandibularis	Procedure	CPT-4
21032	Excision of maxillary torus palatinus	Procedure	CPT-4
21034	Excision of malignant tumor of maxilla or zygoma	Procedure	CPT-4
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	Procedure	CPT-4
21044	Excision of malignant tumor of mandible;	Procedure	CPT-4
21045	Excision of malignant tumor of mandible; radical resection	Procedure	CPT-4
21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	Procedure	CPT-4
21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21048	Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	Procedure	CPT-4
21049	Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])	Procedure	CPT-4
21050	Condylectomy, temporomandibular joint (separate procedure)	Procedure	CPT-4
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Procedure	CPT-4
21070	Coronoidectomy (separate procedure)	Procedure	CPT-4
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Procedure	CPT-4
21076	Impression and custom preparation; surgical obturator prosthesis	Procedure	CPT-4
21077	Impression and custom preparation; orbital prosthesis	Procedure	CPT-4
21079	Impression and custom preparation; interim obturator prosthesis	Procedure	CPT-4
21080	Impression and custom preparation; definitive obturator prosthesis	Procedure	CPT-4
21081	Impression and custom preparation; mandibular resection prosthesis	Procedure	CPT-4
21082	Impression and custom preparation; palatal augmentation prosthesis	Procedure	CPT-4
21083	Impression and custom preparation; palatal lift prosthesis	Procedure	CPT-4
21084	Impression and custom preparation; speech aid prosthesis	Procedure	CPT-4
21085	Impression and custom preparation; oral surgical splint	Procedure	CPT-4
21086	Impression and custom preparation; auricular prosthesis	Procedure	CPT-4
21087	Impression and custom preparation; nasal prosthesis	Procedure	CPT-4
21088	Impression and custom preparation; facial prosthesis	Procedure	CPT-4
21089	Unlisted maxillofacial prosthetic procedure	Procedure	CPT-4
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	Procedure	CPT-4
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Procedure	CPT-4
21116	Injection procedure for temporomandibular joint arthrography	Procedure	CPT-4
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Procedure	CPT-4
21121	Genioplasty; sliding osteotomy, single piece	Procedure	CPT-4
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Procedure	CPT-4
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Procedure	CPT-4
21125	Augmentation, mandibular body or angle; prosthetic material	Procedure	CPT-4
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Procedure	CPT-4
21137	Reduction forehead; contouring only	Procedure	CPT-4
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Procedure	CPT-4
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Procedure	CPT-4
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Procedure	CPT-4
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Procedure	CPT-4
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Procedure	CPT-4
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Procedure	CPT-4
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Procedure	CPT-4
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Procedure	CPT-4
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Procedure	CPT-4
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Procedure	CPT-4
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Procedure	CPT-4
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Procedure	CPT-4
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Procedure	CPT-4
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	Procedure	CPT-4
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	Procedure	CPT-4
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	Procedure	CPT-4
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	Procedure	CPT-4
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	Procedure	CPT-4
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Procedure	CPT-4
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	Procedure	CPT-4
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Procedure	CPT-4
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Procedure	CPT-4
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Procedure	CPT-4
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Procedure	CPT-4
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Procedure	CPT-4
21198	Osteotomy, mandible, segmental;	Procedure	CPT-4
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Procedure	CPT-4
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Procedure	CPT-4
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Procedure	CPT-4
21209	Osteoplasty, facial bones; reduction	Procedure	CPT-4
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	Procedure	CPT-4
21215	Graft, bone; mandible (includes obtaining graft)	Procedure	CPT-4
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	Procedure	CPT-4
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Procedure	CPT-4
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Procedure	CPT-4
21242	Arthroplasty, temporomandibular joint, with allograft	Procedure	CPT-4
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Procedure	CPT-4
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	Procedure	CPT-4
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	Procedure	CPT-4
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	Procedure	CPT-4
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Procedure	CPT-4
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	Procedure	CPT-4
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	Procedure	CPT-4
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	Procedure	CPT-4
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	Procedure	CPT-4
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	Procedure	CPT-4
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	Procedure	CPT-4
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	Procedure	CPT-4
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	Procedure	CPT-4
21270	Malar augmentation, prosthetic material	Procedure	CPT-4
21275	Secondary revision of orbitocraniofacial reconstruction	Procedure	CPT-4
21280	Medial canthopexy (separate procedure)	Procedure	CPT-4
21282	Lateral canthopexy	Procedure	CPT-4
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	Procedure	CPT-4
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	Procedure	CPT-4
21299	Unlisted craniofacial and maxillofacial procedure	Procedure	CPT-4
21310	Closed treatment of nasal bone fracture without manipulation	Procedure	CPT-4
21315	Closed treatment of nasal bone fracture; without stabilization	Procedure	CPT-4
21320	Closed treatment of nasal bone fracture; with stabilization	Procedure	CPT-4
21325	Open treatment of nasal fracture; uncomplicated	Procedure	CPT-4
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	Procedure	CPT-4
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	Procedure	CPT-4
21336	Open treatment of nasal septal fracture, with or without stabilization	Procedure	CPT-4
21337	Closed treatment of nasal septal fracture, with or without stabilization	Procedure	CPT-4
21338	Open treatment of nasoethmoid fracture; without external fixation	Procedure	CPT-4
21339	Open treatment of nasoethmoid fracture; with external fixation	Procedure	CPT-4
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	Procedure	CPT-4
21343	Open treatment of depressed frontal sinus fracture	Procedure	CPT-4
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	Procedure	CPT-4
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	Procedure	CPT-4
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	Procedure	CPT-4
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	Procedure	CPT-4
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	Procedure	CPT-4
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	Procedure	CPT-4
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	Procedure	CPT-4
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	Procedure	CPT-4
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	Procedure	CPT-4
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	Procedure	CPT-4
21386	Open treatment of orbital floor blowout fracture; periorbital approach	Procedure	CPT-4
21387	Open treatment of orbital floor blowout fracture; combined approach	Procedure	CPT-4
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	Procedure	CPT-4
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	Procedure	CPT-4
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	Procedure	CPT-4
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	Procedure	CPT-4
21406	Open treatment of fracture of orbit, except blowout; without implant	Procedure	CPT-4
21407	Open treatment of fracture of orbit, except blowout; with implant	Procedure	CPT-4
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	Procedure	CPT-4
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	Procedure	CPT-4
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	Procedure	CPT-4
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	Procedure	CPT-4
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	Procedure	CPT-4
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	Procedure	CPT-4
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	Procedure	CPT-4
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	Procedure	CPT-4
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	Procedure	CPT-4
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	Procedure	CPT-4
21450	Closed treatment of mandibular fracture; without manipulation	Procedure	CPT-4
21451	Closed treatment of mandibular fracture; with manipulation	Procedure	CPT-4
21452	Percutaneous treatment of mandibular fracture, with external fixation	Procedure	CPT-4
21453	Closed treatment of mandibular fracture with interdental fixation	Procedure	CPT-4
21454	Open treatment of mandibular fracture with external fixation	Procedure	CPT-4
21461	Open treatment of mandibular fracture; without interdental fixation	Procedure	CPT-4
21462	Open treatment of mandibular fracture; with interdental fixation	Procedure	CPT-4
21465	Open treatment of mandibular condylar fracture	Procedure	CPT-4
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	Procedure	CPT-4
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	Procedure	CPT-4
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	Procedure	CPT-4
21490	Open treatment of temporomandibular dislocation	Procedure	CPT-4
21497	Interdental wiring, for condition other than fracture	Procedure	CPT-4
21499	Unlisted musculoskeletal procedure, head	Procedure	CPT-4
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	Procedure	CPT-4
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	Procedure	CPT-4
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	Procedure	CPT-4
21550	Biopsy, soft tissue of neck or thorax	Procedure	CPT-4
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Procedure	CPT-4
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Procedure	CPT-4
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Procedure	CPT-4
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Procedure	CPT-4
21600	Excision of rib, partial	Procedure	CPT-4
21610	Costotransversectomy (separate procedure)	Procedure	CPT-4
21615	Excision first and/or cervical rib;	Procedure	CPT-4
21616	Excision first and/or cervical rib; with sympathectomy	Procedure	CPT-4
21620	Ostectomy of sternum, partial	Procedure	CPT-4
21627	Sternal debridement	Procedure	CPT-4
21630	Radical resection of sternum;	Procedure	CPT-4
21632	Radical resection of sternum; with mediastinal lymphadenectomy	Procedure	CPT-4
21685	Hyoid myotomy and suspension	Procedure	CPT-4
21700	Division of scalenus anticus; without resection of cervical rib	Procedure	CPT-4
21705	Division of scalenus anticus; with resection of cervical rib	Procedure	CPT-4
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	Procedure	CPT-4
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	Procedure	CPT-4
21740	Reconstructive repair of pectus excavatum or carinatum; open	Procedure	CPT-4
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	Procedure	CPT-4
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	Procedure	CPT-4
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	Procedure	CPT-4
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Procedure	CPT-4
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Procedure	CPT-4
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Procedure	CPT-4
21820	Closed treatment of sternum fracture	Procedure	CPT-4
21825	Open treatment of sternum fracture with or without skeletal fixation	Procedure	CPT-4
21899	Unlisted procedure, neck or thorax	Procedure	CPT-4
21920	Biopsy, soft tissue of back or flank; superficial	Procedure	CPT-4
21925	Biopsy, soft tissue of back or flank; deep	Procedure	CPT-4
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Procedure	CPT-4
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Procedure	CPT-4
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Procedure	CPT-4
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Procedure	CPT-4
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	Procedure	CPT-4
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	Procedure	CPT-4
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	Procedure	CPT-4
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	Procedure	CPT-4
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	Procedure	CPT-4
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical	Procedure	CPT-4
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	Procedure	CPT-4
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	Procedure	CPT-4
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic	Procedure	CPT-4
22207	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar	Procedure	CPT-4
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Procedure	CPT-4
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Procedure	CPT-4
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)	Procedure	CPT-4
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Procedure	CPT-4
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Procedure	CPT-4
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Procedure	CPT-4
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing	Procedure	CPT-4
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction	Procedure	CPT-4
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting	Procedure	CPT-4
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting	Procedure	CPT-4
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar	Procedure	CPT-4
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical	Procedure	CPT-4
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic	Procedure	CPT-4
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22505	Manipulation of spine requiring anesthesia, any region	Procedure	CPT-4
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Procedure	CPT-4
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	Procedure	CPT-4
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Procedure	CPT-4
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	Procedure	CPT-4
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Procedure	CPT-4
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Procedure	CPT-4
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Procedure	CPT-4
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Procedure	CPT-4
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Procedure	CPT-4
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Procedure	CPT-4
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Procedure	CPT-4
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Procedure	CPT-4
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Procedure	CPT-4
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Procedure	CPT-4
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Procedure	CPT-4
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Procedure	CPT-4
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Procedure	CPT-4
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Procedure	CPT-4
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Procedure	CPT-4
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	Procedure	CPT-4
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Procedure	CPT-4
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Procedure	CPT-4
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Procedure	CPT-4
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Procedure	CPT-4
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Procedure	CPT-4
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Procedure	CPT-4
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Procedure	CPT-4
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments	Procedure	CPT-4
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments	Procedure	CPT-4
22830	Exploration of spinal fusion	Procedure	CPT-4
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)	Procedure	CPT-4
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Procedure	CPT-4
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	Procedure	CPT-4
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	Procedure	CPT-4
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	Procedure	CPT-4
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Procedure	CPT-4
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Procedure	CPT-4
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Procedure	CPT-4
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)	Procedure	CPT-4
22849	Reinsertion of spinal fixation device	Procedure	CPT-4
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Procedure	CPT-4
22852	Removal of posterior segmental instrumentation	Procedure	CPT-4
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Procedure	CPT-4
22855	Removal of anterior instrumentation	Procedure	CPT-4
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Procedure	CPT-4
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Procedure	CPT-4
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Procedure	CPT-4
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	Procedure	CPT-4
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Procedure	CPT-4
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Procedure	CPT-4
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Procedure	CPT-4
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Procedure	CPT-4
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Procedure	CPT-4
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	Procedure	CPT-4
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Procedure	CPT-4
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	Procedure	CPT-4
22899	Unlisted procedure, spine	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Procedure	CPT-4
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Procedure	CPT-4
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Procedure	CPT-4
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Procedure	CPT-4
22999	Unlisted procedure, abdomen, musculoskeletal system	Procedure	CPT-4
23000	Removal of subdeltoid calcareous deposits, open	Procedure	CPT-4
23020	Capsular contracture release (eg, Sever type procedure)	Procedure	CPT-4
23030	Incision and drainage, shoulder area; deep abscess or hematoma	Procedure	CPT-4
23031	Incision and drainage, shoulder area; infected bursa	Procedure	CPT-4
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	Procedure	CPT-4
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	Procedure	CPT-4
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	Procedure	CPT-4
23065	Biopsy, soft tissue of shoulder area; superficial	Procedure	CPT-4
23066	Biopsy, soft tissue of shoulder area; deep	Procedure	CPT-4
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Procedure	CPT-4
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Procedure	CPT-4
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Procedure	CPT-4
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Procedure	CPT-4
23100	Arthrotomy, glenohumeral joint, including biopsy	Procedure	CPT-4
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	Procedure	CPT-4
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	Procedure	CPT-4
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	Procedure	CPT-4
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	Procedure	CPT-4
23120	Claviclectomy; partial	Procedure	CPT-4
23125	Claviclectomy; total	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	Procedure	CPT-4
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;	Procedure	CPT-4
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	Procedure	CPT-4
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	Procedure	CPT-4
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;	Procedure	CPT-4
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	Procedure	CPT-4
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	Procedure	CPT-4
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle	Procedure	CPT-4
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula	Procedure	CPT-4
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck	Procedure	CPT-4
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle	Procedure	CPT-4
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula	Procedure	CPT-4
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus	Procedure	CPT-4
23190	Ostectomy of scapula, partial (eg, superior medial angle)	Procedure	CPT-4
23195	Resection, humeral head	Procedure	CPT-4
23200	Radical resection of tumor; clavicle	Procedure	CPT-4
23210	Radical resection of tumor; scapula	Procedure	CPT-4
23220	Radical resection of tumor, proximal humerus	Procedure	CPT-4
23330	Removal of foreign body, shoulder; subcutaneous	Procedure	CPT-4
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	Procedure	CPT-4
23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component	Procedure	CPT-4
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	Procedure	CPT-4
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	Procedure	CPT-4
23395	Muscle transfer, any type, shoulder or upper arm; single	Procedure	CPT-4
23397	Muscle transfer, any type, shoulder or upper arm; multiple	Procedure	CPT-4
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	Procedure	CPT-4
23405	Tenotomy, shoulder area; single tendon	Procedure	CPT-4
23406	Tenotomy, shoulder area; multiple tendons through same incision	Procedure	CPT-4
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Procedure	CPT-4
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
23415	Coracoacromial ligament release, with or without acromioplasty	Procedure	CPT-4
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Procedure	CPT-4
23430	Tenodesis of long tendon of biceps	Procedure	CPT-4
23440	Resection or transplantation of long tendon of biceps	Procedure	CPT-4
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Procedure	CPT-4
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Procedure	CPT-4
23460	Capsulorrhaphy, anterior, any type; with bone block	Procedure	CPT-4
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	Procedure	CPT-4
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	Procedure	CPT-4
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	Procedure	CPT-4
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Procedure	CPT-4
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Procedure	CPT-4
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Procedure	CPT-4
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Procedure	CPT-4
23480	Osteotomy, clavicle, with or without internal fixation;	Procedure	CPT-4
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	Procedure	CPT-4
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	Procedure	CPT-4
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	Procedure	CPT-4
23500	Closed treatment of clavicular fracture; without manipulation	Procedure	CPT-4
23505	Closed treatment of clavicular fracture; with manipulation	Procedure	CPT-4
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	Procedure	CPT-4
23520	Closed treatment of sternoclavicular dislocation; without manipulation	Procedure	CPT-4
23525	Closed treatment of sternoclavicular dislocation; with manipulation	Procedure	CPT-4
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	Procedure	CPT-4
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	Procedure	CPT-4
23540	Closed treatment of acromioclavicular dislocation; without manipulation	Procedure	CPT-4
23545	Closed treatment of acromioclavicular dislocation; with manipulation	Procedure	CPT-4
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	Procedure	CPT-4
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	Procedure	CPT-4
23570	Closed treatment of scapular fracture; without manipulation	Procedure	CPT-4
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	Procedure	CPT-4
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	Procedure	CPT-4
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	Procedure	CPT-4
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	Procedure	CPT-4
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	Procedure	CPT-4
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	Procedure	CPT-4
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	Procedure	CPT-4
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	Procedure	CPT-4
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	Procedure	CPT-4
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	Procedure	CPT-4
23660	Open treatment of acute shoulder dislocation	Procedure	CPT-4
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	Procedure	CPT-4
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	Procedure	CPT-4
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	Procedure	CPT-4
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	Procedure	CPT-4
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	Procedure	CPT-4
23800	Arthrodesis, glenohumeral joint;	Procedure	CPT-4
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	Procedure	CPT-4
23900	Interthoracoscaphular amputation (forequarter)	Procedure	CPT-4
23920	Disarticulation of shoulder;	Procedure	CPT-4
23921	Disarticulation of shoulder; secondary closure or scar revision	Procedure	CPT-4
23929	Unlisted procedure, shoulder	Procedure	CPT-4
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	Procedure	CPT-4
23931	Incision and drainage, upper arm or elbow area; bursa	Procedure	CPT-4
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	Procedure	CPT-4
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	Procedure	CPT-4
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	Procedure	CPT-4
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	Procedure	CPT-4
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	Procedure	CPT-4
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Procedure	CPT-4
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Procedure	CPT-4
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Procedure	CPT-4
24100	Arthrotomy, elbow; with synovial biopsy only	Procedure	CPT-4
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Procedure	CPT-4
24102	Arthrotomy, elbow; with synovectomy	Procedure	CPT-4
24105	Excision, olecranon bursa	Procedure	CPT-4
24110	Excision or curettage of bone cyst or benign tumor, humerus;	Procedure	CPT-4
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	Procedure	CPT-4
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	Procedure	CPT-4
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	Procedure	CPT-4
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	Procedure	CPT-4
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	Procedure	CPT-4
24130	Excision, radial head	Procedure	CPT-4
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	Procedure	CPT-4
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	Procedure	CPT-4
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	Procedure	CPT-4
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	Procedure	CPT-4
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	Procedure	CPT-4
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	Procedure	CPT-4
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	Procedure	CPT-4
24150	Radical resection of tumor, shaft or distal humerus	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
24152	Radical resection of tumor, radial head or neck	Procedure	CPT-4
24155	Resection of elbow joint (arthrectomy)	Procedure	CPT-4
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	Procedure	CPT-4
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	Procedure	CPT-4
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	Procedure	CPT-4
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	Procedure	CPT-4
24220	Injection procedure for elbow arthrography	Procedure	CPT-4
24300	Manipulation, elbow, under anesthesia	Procedure	CPT-4
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	Procedure	CPT-4
24305	Tendon lengthening, upper arm or elbow, each tendon	Procedure	CPT-4
24310	Tenotomy, open, elbow to shoulder, each tendon	Procedure	CPT-4
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	Procedure	CPT-4
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	Procedure	CPT-4
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	Procedure	CPT-4
24332	Tenolysis, triceps	Procedure	CPT-4
24340	Tenodesis of biceps tendon at elbow (separate procedure)	Procedure	CPT-4
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	Procedure	CPT-4
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	Procedure	CPT-4
24343	Repair lateral collateral ligament, elbow, with local tissue	Procedure	CPT-4
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	Procedure	CPT-4
24345	Repair medial collateral ligament, elbow, with local tissue	Procedure	CPT-4
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	Procedure	CPT-4
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	Procedure	CPT-4
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	Procedure	CPT-4
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	Procedure	CPT-4
24360	Arthroplasty, elbow; with membrane (eg, fascial)	Procedure	CPT-4
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	Procedure	CPT-4
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	Procedure	CPT-4
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
24365	Arthroplasty, radial head;	Procedure	CPT-4
24366	Arthroplasty, radial head; with implant	Procedure	CPT-4
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	Procedure	CPT-4
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	Procedure	CPT-4
24400	Osteotomy, humerus, with or without internal fixation	Procedure	CPT-4
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	Procedure	CPT-4
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	Procedure	CPT-4
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	Procedure	CPT-4
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	Procedure	CPT-4
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	Procedure	CPT-4
24495	Decompression fasciotomy, forearm, with brachial artery exploration	Procedure	CPT-4
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	Procedure	CPT-4
24500	Closed treatment of humeral shaft fracture; without manipulation	Procedure	CPT-4
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	Procedure	CPT-4
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	Procedure	CPT-4
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	Procedure	CPT-4
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	Procedure	CPT-4
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	Procedure	CPT-4
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	Procedure	CPT-4
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	Procedure	CPT-4
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	Procedure	CPT-4
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	Procedure	CPT-4
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	Procedure	CPT-4
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	Procedure	CPT-4
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	Procedure	CPT-4
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	Procedure	CPT-4
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	Procedure	CPT-4
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	Procedure	CPT-4
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	Procedure	CPT-4
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	Procedure	CPT-4
24600	Treatment of closed elbow dislocation; without anesthesia	Procedure	CPT-4
24605	Treatment of closed elbow dislocation; requiring anesthesia	Procedure	CPT-4
24615	Open treatment of acute or chronic elbow dislocation	Procedure	CPT-4
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	Procedure	CPT-4
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	Procedure	CPT-4
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	Procedure	CPT-4
24650	Closed treatment of radial head or neck fracture; without manipulation	Procedure	CPT-4
24655	Closed treatment of radial head or neck fracture; with manipulation	Procedure	CPT-4
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	Procedure	CPT-4
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	Procedure	CPT-4
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	Procedure	CPT-4
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	Procedure	CPT-4
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	Procedure	CPT-4
24800	Arthrodesis, elbow joint; local	Procedure	CPT-4
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	Procedure	CPT-4
24900	Amputation, arm through humerus; with primary closure	Procedure	CPT-4
24920	Amputation, arm through humerus; open, circular (guillotine)	Procedure	CPT-4
24925	Amputation, arm through humerus; secondary closure or scar revision	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
24930	Amputation, arm through humerus; re-amputation	Procedure	CPT-4
24931	Amputation, arm through humerus; with implant	Procedure	CPT-4
24935	Stump elongation, upper extremity	Procedure	CPT-4
24940	Cineplasty, upper extremity, complete procedure	Procedure	CPT-4
24999	Unlisted procedure, humerus or elbow	Procedure	CPT-4
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)	Procedure	CPT-4
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	Procedure	CPT-4
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	Procedure	CPT-4
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	Procedure	CPT-4
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma	Procedure	CPT-4
25031	Incision and drainage, forearm and/or wrist; bursa	Procedure	CPT-4
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)	Procedure	CPT-4
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	Procedure	CPT-4
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	Procedure	CPT-4
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)	Procedure	CPT-4
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Procedure	CPT-4
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Procedure	CPT-4
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Procedure	CPT-4
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Procedure	CPT-4
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Procedure	CPT-4
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Procedure	CPT-4
25085	Capsulotomy, wrist (eg, contracture)	Procedure	CPT-4
25100	Arthrotomy, wrist joint; with biopsy	Procedure	CPT-4
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Procedure	CPT-4
25105	Arthrotomy, wrist joint; with synovectomy	Procedure	CPT-4
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex	Procedure	CPT-4
25109	Excision of tendon, forearm and/or wrist, flexor or extensor, each	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
25110	Excision, lesion of tendon sheath, forearm and/or wrist	Procedure	CPT-4
25111	Excision of ganglion, wrist (dorsal or volar); primary	Procedure	CPT-4
25112	Excision of ganglion, wrist (dorsal or volar); recurrent	Procedure	CPT-4
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors	Procedure	CPT-4
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum	Procedure	CPT-4
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;	Procedure	CPT-4
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna	Procedure	CPT-4
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);	Procedure	CPT-4
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)	Procedure	CPT-4
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft	Procedure	CPT-4
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;	Procedure	CPT-4
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)	Procedure	CPT-4
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft	Procedure	CPT-4
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist	Procedure	CPT-4
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna	Procedure	CPT-4
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius	Procedure	CPT-4
25170	Radical resection of tumor, radius or ulna	Procedure	CPT-4
25210	Carpectomy; 1 bone	Procedure	CPT-4
25215	Carpectomy; all bones of proximal row	Procedure	CPT-4
25230	Radial styloidectomy (separate procedure)	Procedure	CPT-4
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)	Procedure	CPT-4
25246	Injection procedure for wrist arthrography	Procedure	CPT-4
25248	Exploration with removal of deep foreign body, forearm or wrist	Procedure	CPT-4
25250	Removal of wrist prosthesis; (separate procedure)	Procedure	CPT-4
25251	Removal of wrist prosthesis; complicated, including total wrist	Procedure	CPT-4
25259	Manipulation, wrist, under anesthesia	Procedure	CPT-4
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	Procedure	CPT-4
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	Procedure	CPT-4
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	Procedure	CPT-4
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	Procedure	CPT-4
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	Procedure	CPT-4
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)	Procedure	CPT-4
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon	Procedure	CPT-4
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	Procedure	CPT-4
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon	Procedure	CPT-4
25300	Tenodesis at wrist; flexors of fingers	Procedure	CPT-4
25301	Tenodesis at wrist; extensors of fingers	Procedure	CPT-4
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon	Procedure	CPT-4
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon	Procedure	CPT-4
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;	Procedure	CPT-4
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer	Procedure	CPT-4
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	Procedure	CPT-4
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation	Procedure	CPT-4
25335	Centralization of wrist on ulna (eg, radial club hand)	Procedure	CPT-4
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint	Procedure	CPT-4
25350	Osteotomy, radius; distal third	Procedure	CPT-4
25355	Osteotomy, radius; middle or proximal third	Procedure	CPT-4
25360	Osteotomy; ulna	Procedure	CPT-4
25365	Osteotomy; radius AND ulna	Procedure	CPT-4
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	Procedure	CPT-4
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
25390	Osteoplasty, radius OR ulna; shortening	Procedure	CPT-4
25391	Osteoplasty, radius OR ulna; lengthening with autograft	Procedure	CPT-4
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	Procedure	CPT-4
25393	Osteoplasty, radius AND ulna; lengthening with autograft	Procedure	CPT-4
25394	Osteoplasty, carpal bone, shortening	Procedure	CPT-4
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	Procedure	CPT-4
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	Procedure	CPT-4
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	Procedure	CPT-4
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	Procedure	CPT-4
25425	Repair of defect with autograft; radius OR ulna	Procedure	CPT-4
25426	Repair of defect with autograft; radius AND ulna	Procedure	CPT-4
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	Procedure	CPT-4
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	Procedure	CPT-4
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	Procedure	CPT-4
25441	Arthroplasty with prosthetic replacement; distal radius	Procedure	CPT-4
25442	Arthroplasty with prosthetic replacement; distal ulna	Procedure	CPT-4
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	Procedure	CPT-4
25444	Arthroplasty with prosthetic replacement; lunate	Procedure	CPT-4
25445	Arthroplasty with prosthetic replacement; trapezium	Procedure	CPT-4
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	Procedure	CPT-4
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	Procedure	CPT-4
25449	Revision of arthroplasty, including removal of implant, wrist joint	Procedure	CPT-4
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	Procedure	CPT-4
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	Procedure	CPT-4
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	Procedure	CPT-4
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	Procedure	CPT-4
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	Procedure	CPT-4
25500	Closed treatment of radial shaft fracture; without manipulation	Procedure	CPT-4
25505	Closed treatment of radial shaft fracture; with manipulation	Procedure	CPT-4
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	Procedure	CPT-4
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes percutaneous skeletal fixation, when performed	Procedure	CPT-4
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex	Procedure	CPT-4
25530	Closed treatment of ulnar shaft fracture; without manipulation	Procedure	CPT-4
25535	Closed treatment of ulnar shaft fracture; with manipulation	Procedure	CPT-4
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	Procedure	CPT-4
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	Procedure	CPT-4
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	Procedure	CPT-4
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	Procedure	CPT-4
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	Procedure	CPT-4
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	Procedure	CPT-4
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	Procedure	CPT-4
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	Procedure	CPT-4
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	Procedure	CPT-4
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	Procedure	CPT-4
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	Procedure	CPT-4
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	Procedure	CPT-4
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	Procedure	CPT-4
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	Procedure	CPT-4
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	Procedure	CPT-4
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	Procedure	CPT-4
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	Procedure	CPT-4
25650	Closed treatment of ulnar styloid fracture	Procedure	CPT-4
25651	Percutaneous skeletal fixation of ulnar styloid fracture	Procedure	CPT-4
25652	Open treatment of ulnar styloid fracture	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	Procedure	CPT-4
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	Procedure	CPT-4
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	Procedure	CPT-4
25675	Closed treatment of distal radioulnar dislocation with manipulation	Procedure	CPT-4
25676	Open treatment of distal radioulnar dislocation, acute or chronic	Procedure	CPT-4
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	Procedure	CPT-4
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	Procedure	CPT-4
25690	Closed treatment of lunate dislocation, with manipulation	Procedure	CPT-4
25695	Open treatment of lunate dislocation	Procedure	CPT-4
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	Procedure	CPT-4
25805	Arthrodesis, wrist; with sliding graft	Procedure	CPT-4
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	Procedure	CPT-4
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	Procedure	CPT-4
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	Procedure	CPT-4
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	Procedure	CPT-4
25900	Amputation, forearm, through radius and ulna;	Procedure	CPT-4
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	Procedure	CPT-4
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	Procedure	CPT-4
25909	Amputation, forearm, through radius and ulna; re-amputation	Procedure	CPT-4
25915	Krukenberg procedure	Procedure	CPT-4
25920	Disarticulation through wrist;	Procedure	CPT-4
25922	Disarticulation through wrist; secondary closure or scar revision	Procedure	CPT-4
25924	Disarticulation through wrist; re-amputation	Procedure	CPT-4
25927	Transmetacarpal amputation;	Procedure	CPT-4
25929	Transmetacarpal amputation; secondary closure or scar revision	Procedure	CPT-4
25931	Transmetacarpal amputation; re-amputation	Procedure	CPT-4
25999	Unlisted procedure, forearm or wrist	Procedure	CPT-4
26010	Drainage of finger abscess; simple	Procedure	CPT-4
26011	Drainage of finger abscess; complicated (eg, felon)	Procedure	CPT-4
26020	Drainage of tendon sheath, digit and/or palm, each	Procedure	CPT-4
26025	Drainage of palmar bursa; single, bursa	Procedure	CPT-4
26030	Drainage of palmar bursa; multiple bursa	Procedure	CPT-4
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	Procedure	CPT-4
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	Procedure	CPT-4
26037	Decompressive fasciotomy, hand (excludes 26035)	Procedure	CPT-4
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	Procedure	CPT-4
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	Procedure	CPT-4
26055	Tendon sheath incision (eg, for trigger finger)	Procedure	CPT-4
26060	Tenotomy, percutaneous, single, each digit	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	Procedure	CPT-4
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	Procedure	CPT-4
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	Procedure	CPT-4
26100	Arthrotomy with biopsy; carpometacarpal joint, each	Procedure	CPT-4
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	Procedure	CPT-4
26110	Arthrotomy with biopsy; interphalangeal joint, each	Procedure	CPT-4
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Procedure	CPT-4
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Procedure	CPT-4
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Procedure	CPT-4
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Procedure	CPT-4
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Procedure	CPT-4
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Procedure	CPT-4
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	Procedure	CPT-4
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	Procedure	CPT-4
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	Procedure	CPT-4
26130	Synovectomy, carpometacarpal joint	Procedure	CPT-4
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	Procedure	CPT-4
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	Procedure	CPT-4
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	Procedure	CPT-4
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	Procedure	CPT-4
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	Procedure	CPT-4
26180	Excision of tendon, finger, flexor or extensor, each tendon	Procedure	CPT-4
26185	Sesamoidectomy, thumb or finger (separate procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	Procedure	CPT-4
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	Procedure	CPT-4
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	Procedure	CPT-4
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	Procedure	CPT-4
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	Procedure	CPT-4
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	Procedure	CPT-4
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	Procedure	CPT-4
26250	Radical resection of tumor, metacarpal	Procedure	CPT-4
26260	Radical resection of tumor, proximal or middle phalanx of finger	Procedure	CPT-4
26262	Radical resection of tumor, distal phalanx of finger	Procedure	CPT-4
26320	Removal of implant from finger or hand	Procedure	CPT-4
26340	Manipulation, finger joint, under anesthesia, each joint	Procedure	CPT-4
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	Procedure	CPT-4
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	Procedure	CPT-4
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	Procedure	CPT-4
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	Procedure	CPT-4
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	Procedure	CPT-4
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	Procedure	CPT-4
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	Procedure	CPT-4
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	Procedure	CPT-4
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	Procedure	CPT-4
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	Procedure	CPT-4
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	Procedure	CPT-4
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	Procedure	CPT-4
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	Procedure	CPT-4
26416	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod	Procedure	CPT-4
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	Procedure	CPT-4
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	Procedure	CPT-4
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	Procedure	CPT-4
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	Procedure	CPT-4
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)	Procedure	CPT-4
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	Procedure	CPT-4
26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	Procedure	CPT-4
26437	Realignment of extensor tendon, hand, each tendon	Procedure	CPT-4
26440	Tenolysis, flexor tendon; palm OR finger, each tendon	Procedure	CPT-4
26442	Tenolysis, flexor tendon; palm AND finger, each tendon	Procedure	CPT-4
26445	Tenolysis, extensor tendon, hand OR finger, each tendon	Procedure	CPT-4
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	Procedure	CPT-4
26450	Tenotomy, flexor, palm, open, each tendon	Procedure	CPT-4
26455	Tenotomy, flexor, finger, open, each tendon	Procedure	CPT-4
26460	Tenotomy, extensor, hand or finger, open, each tendon	Procedure	CPT-4
26471	Tenodesis; of proximal interphalangeal joint, each joint	Procedure	CPT-4
26474	Tenodesis; of distal joint, each joint	Procedure	CPT-4
26476	Lengthening of tendon, extensor, hand or finger, each tendon	Procedure	CPT-4
26477	Shortening of tendon, extensor, hand or finger, each tendon	Procedure	CPT-4
26478	Lengthening of tendon, flexor, hand or finger, each tendon	Procedure	CPT-4
26479	Shortening of tendon, flexor, hand or finger, each tendon	Procedure	CPT-4
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon	Procedure	CPT-4
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	Procedure	CPT-4
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	Procedure	CPT-4
26490	Opponensplasty; superficialis tendon transfer type, each tendon	Procedure	CPT-4
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	Procedure	CPT-4
26494	Opponensplasty; hypothenar muscle transfer	Procedure	CPT-4
26496	Opponensplasty; other methods	Procedure	CPT-4
26497	Transfer of tendon to restore intrinsic function; ring and small finger	Procedure	CPT-4
26498	Transfer of tendon to restore intrinsic function; all 4 fingers	Procedure	CPT-4
26499	Correction claw finger, other methods	Procedure	CPT-4
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	Procedure	CPT-4
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	Procedure	CPT-4
26508	Release of thenar muscle(s) (eg, thumb contracture)	Procedure	CPT-4
26510	Cross intrinsic transfer, each tendon	Procedure	CPT-4
26516	Capsulodesis, metacarpophalangeal joint; single digit	Procedure	CPT-4
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	Procedure	CPT-4
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	Procedure	CPT-4
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	Procedure	CPT-4
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	Procedure	CPT-4
26530	Arthroplasty, metacarpophalangeal joint; each joint	Procedure	CPT-4
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	Procedure	CPT-4
26535	Arthroplasty, interphalangeal joint; each joint	Procedure	CPT-4
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	Procedure	CPT-4
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	Procedure	CPT-4
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	Procedure	CPT-4
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	Procedure	CPT-4
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	Procedure	CPT-4
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	Procedure	CPT-4
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	Procedure	CPT-4
26550	Pollicization of a digit	Procedure	CPT-4
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	Procedure	CPT-4
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	Procedure	CPT-4
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	Procedure	CPT-4
26555	Transfer, finger to another position without microvascular anastomosis	Procedure	CPT-4
26556	Transfer, free toe joint, with microvascular anastomosis	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26560	Repair of syndactyly (web finger) each web space; with skin flaps	Procedure	CPT-4
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	Procedure	CPT-4
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	Procedure	CPT-4
26565	Osteotomy; metacarpal, each	Procedure	CPT-4
26567	Osteotomy; phalanx of finger, each	Procedure	CPT-4
26568	Osteoplasty, lengthening, metacarpal or phalanx	Procedure	CPT-4
26580	Repair cleft hand	Procedure	CPT-4
26587	Reconstruction of polydactylous digit, soft tissue and bone	Procedure	CPT-4
26590	Repair macrodactylia, each digit	Procedure	CPT-4
26591	Repair, intrinsic muscles of hand, each muscle	Procedure	CPT-4
26593	Release, intrinsic muscles of hand, each muscle	Procedure	CPT-4
26596	Excision of constricting ring of finger, with multiple Z-plasties	Procedure	CPT-4
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	Procedure	CPT-4
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	Procedure	CPT-4
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	Procedure	CPT-4
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	Procedure	CPT-4
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	Procedure	CPT-4
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	Procedure	CPT-4
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	Procedure	CPT-4
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	Procedure	CPT-4
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	Procedure	CPT-4
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	Procedure	CPT-4
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	Procedure	CPT-4
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	Procedure	CPT-4
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	Procedure	CPT-4
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	Procedure	CPT-4
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	Procedure	CPT-4
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	Procedure	CPT-4
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	Procedure	CPT-4
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	Procedure	CPT-4
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	Procedure	CPT-4
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	Procedure	CPT-4
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	Procedure	CPT-4
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	Procedure	CPT-4
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	Procedure	CPT-4
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	Procedure	CPT-4
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	Procedure	CPT-4
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	Procedure	CPT-4
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	Procedure	CPT-4
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	Procedure	CPT-4
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	Procedure	CPT-4
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	Procedure	CPT-4
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	Procedure	CPT-4
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	Procedure	CPT-4
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	Procedure	CPT-4
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	Procedure	CPT-4
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	Procedure	CPT-4
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	Procedure	CPT-4
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)	Procedure	CPT-4
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	Procedure	CPT-4
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;	Procedure	CPT-4
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	Procedure	CPT-4
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	Procedure	CPT-4
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	Procedure	CPT-4
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	Procedure	CPT-4
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	Procedure	CPT-4
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	Procedure	CPT-4
26989	Unlisted procedure, hands or fingers	Procedure	CPT-4
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	Procedure	CPT-4
26991	Incision and drainage, pelvis or hip joint area; infected bursa	Procedure	CPT-4
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	Procedure	CPT-4
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	Procedure	CPT-4
27001	Tenotomy, adductor of hip, open	Procedure	CPT-4
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	Procedure	CPT-4
27005	Tenotomy, hip flexor(s), open (separate procedure)	Procedure	CPT-4
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	Procedure	CPT-4
27025	Fasciotomy, hip or thigh, any type	Procedure	CPT-4
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	Procedure	CPT-4
27030	Arthrotomy, hip, with drainage (eg, infection)	Procedure	CPT-4
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	Procedure	CPT-4
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	Procedure	CPT-4
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	Procedure	CPT-4
27040	Biopsy, soft tissue of pelvis and hip area; superficial	Procedure	CPT-4
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	Procedure	CPT-4
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Procedure	CPT-4
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Procedure	CPT-4
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Procedure	CPT-4
27050	Arthrotomy, with biopsy; sacroiliac joint	Procedure	CPT-4
27052	Arthrotomy, with biopsy; hip joint	Procedure	CPT-4
27054	Arthrotomy with synovectomy, hip joint	Procedure	CPT-4
27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral	Procedure	CPT-4
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Procedure	CPT-4
27060	Excision; ischial bursa	Procedure	CPT-4
27062	Excision; trochanteric bursa or calcification	Procedure	CPT-4
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	Procedure	CPT-4
27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed	Procedure	CPT-4
27067	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision	Procedure	CPT-4
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	Procedure	CPT-4
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	Procedure	CPT-4
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Procedure	CPT-4
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Procedure	CPT-4
27077	Radical resection of tumor; innominate bone, total	Procedure	CPT-4
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Procedure	CPT-4
27080	Coccygectomy, primary	Procedure	CPT-4
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	Procedure	CPT-4
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	Procedure	CPT-4
27090	Removal of hip prosthesis; (separate procedure)	Procedure	CPT-4
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	Procedure	CPT-4
27093	Injection procedure for hip arthrography; without anesthesia	Procedure	CPT-4
27095	Injection procedure for hip arthrography; with anesthesia	Procedure	CPT-4
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27097	Release or recession, hamstring, proximal	Procedure	CPT-4
27098	Transfer, adductor to ischium	Procedure	CPT-4
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	Procedure	CPT-4
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	Procedure	CPT-4
27110	Transfer iliopsoas; to greater trochanter of femur	Procedure	CPT-4
27111	Transfer iliopsoas; to femoral neck	Procedure	CPT-4
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)	Procedure	CPT-4
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)	Procedure	CPT-4
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Procedure	CPT-4
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Procedure	CPT-4
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Procedure	CPT-4
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Procedure	CPT-4
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Procedure	CPT-4
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Procedure	CPT-4
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	Procedure	CPT-4
27146	Osteotomy, iliac, acetabular or innominate bone;	Procedure	CPT-4
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip	Procedure	CPT-4
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	Procedure	CPT-4
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip	Procedure	CPT-4
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	Procedure	CPT-4
27161	Osteotomy, femoral neck (separate procedure)	Procedure	CPT-4
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast	Procedure	CPT-4
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	Procedure	CPT-4
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	Procedure	CPT-4
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	Procedure	CPT-4
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	Procedure	CPT-4
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	Procedure	CPT-4
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	Procedure	CPT-4
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	Procedure	CPT-4
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	Procedure	CPT-4
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation	Procedure	CPT-4
27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)	Procedure	CPT-4
27200	Closed treatment of coccygeal fracture	Procedure	CPT-4
27202	Open treatment of coccygeal fracture	Procedure	CPT-4
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed	Procedure	CPT-4
27216	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	Procedure	CPT-4
27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)	Procedure	CPT-4
27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)	Procedure	CPT-4
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation	Procedure	CPT-4
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	Procedure	CPT-4
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	Procedure	CPT-4
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	Procedure	CPT-4
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation	Procedure	CPT-4
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	Procedure	CPT-4
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	Procedure	CPT-4
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Procedure	CPT-4
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	Procedure	CPT-4
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	Procedure	CPT-4
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	Procedure	CPT-4
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	Procedure	CPT-4
27246	Closed treatment of greater trochanteric fracture, without manipulation	Procedure	CPT-4
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	Procedure	CPT-4
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	Procedure	CPT-4
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	Procedure	CPT-4
27253	Open treatment of hip dislocation, traumatic, without internal fixation	Procedure	CPT-4
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	Procedure	CPT-4
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	Procedure	CPT-4
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	Procedure	CPT-4
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	Procedure	CPT-4
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	Procedure	CPT-4
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	Procedure	CPT-4
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	Procedure	CPT-4
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	Procedure	CPT-4
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	Procedure	CPT-4
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	Procedure	CPT-4
27275	Manipulation, hip joint, requiring general anesthesia	Procedure	CPT-4
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	Procedure	CPT-4
27282	Arthrodesis, symphysis pubis (including obtaining graft)	Procedure	CPT-4
27284	Arthrodesis, hip joint (including obtaining graft);	Procedure	CPT-4
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	Procedure	CPT-4
27290	Interpelviabdominal amputation (hindquarter amputation)	Procedure	CPT-4
27295	Disarticulation of hip	Procedure	CPT-4
27299	Unlisted procedure, pelvis or hip joint	Procedure	CPT-4
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	Procedure	CPT-4
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	Procedure	CPT-4
27305	Fasciotomy, iliotibial (tenotomy), open	Procedure	CPT-4
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	Procedure	CPT-4
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	Procedure	CPT-4
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Procedure	CPT-4
27323	Biopsy, soft tissue of thigh or knee area; superficial	Procedure	CPT-4
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	Procedure	CPT-4
27325	Neurectomy, hamstring muscle	Procedure	CPT-4
27326	Neurectomy, popliteal (gastrocnemius)	Procedure	CPT-4
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Procedure	CPT-4
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Procedure	CPT-4
27330	Arthrotomy, knee; with synovial biopsy only	Procedure	CPT-4
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Procedure	CPT-4
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	Procedure	CPT-4
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	Procedure	CPT-4
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	Procedure	CPT-4
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	Procedure	CPT-4
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Procedure	CPT-4
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
27340	Excision, prepatellar bursa	Procedure	CPT-4
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Procedure	CPT-4
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27350	Patellectomy or hemipatellectomy	Procedure	CPT-4
27355	Excision or curettage of bone cyst or benign tumor of femur;	Procedure	CPT-4
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	Procedure	CPT-4
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	Procedure	CPT-4
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	Procedure	CPT-4
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	Procedure	CPT-4
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Procedure	CPT-4
27365	Radical resection of tumor, femur or knee	Procedure	CPT-4
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	Procedure	CPT-4
27372	Removal of foreign body, deep, thigh region or knee area	Procedure	CPT-4
27380	Suture of infrapatellar tendon; primary	Procedure	CPT-4
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	Procedure	CPT-4
27385	Suture of quadriceps or hamstring muscle rupture; primary	Procedure	CPT-4
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	Procedure	CPT-4
27390	Tenotomy, open, hamstring, knee to hip; single tendon	Procedure	CPT-4
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	Procedure	CPT-4
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	Procedure	CPT-4
27393	Lengthening of hamstring tendon; single tendon	Procedure	CPT-4
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	Procedure	CPT-4
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	Procedure	CPT-4
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	Procedure	CPT-4
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	Procedure	CPT-4
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	Procedure	CPT-4
27403	Arthrotomy with meniscus repair, knee	Procedure	CPT-4
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	Procedure	CPT-4
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	Procedure	CPT-4
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	Procedure	CPT-4
27412	Autologous chondrocyte implantation, knee	Procedure	CPT-4
27415	Osteochondral allograft, knee, open	Procedure	CPT-4
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Procedure	CPT-4
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	Procedure	CPT-4
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	Procedure	CPT-4
27424	Reconstruction of dislocating patella; with patellectomy	Procedure	CPT-4
27425	Lateral retinacular release, open	Procedure	CPT-4
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	Procedure	CPT-4
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	Procedure	CPT-4
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	Procedure	CPT-4
27430	Quadricepsplasty (eg, Bennett or Thompson type)	Procedure	CPT-4
27435	Capsulotomy, posterior capsular release, knee	Procedure	CPT-4
27437	Arthroplasty, patella; without prosthesis	Procedure	CPT-4
27438	Arthroplasty, patella; with prosthesis	Procedure	CPT-4
27440	Arthroplasty, knee, tibial plateau;	Procedure	CPT-4
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Procedure	CPT-4
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	Procedure	CPT-4
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy	Procedure	CPT-4
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	Procedure	CPT-4
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Procedure	CPT-4
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Procedure	CPT-4
27448	Osteotomy, femur, shaft or supracondylar; without fixation	Procedure	CPT-4
27450	Osteotomy, femur, shaft or supracondylar; with fixation	Procedure	CPT-4
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	Procedure	CPT-4
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	Procedure	CPT-4
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	Procedure	CPT-4
27465	Osteoplasty, femur; shortening (excluding 64876)	Procedure	CPT-4
27466	Osteoplasty, femur; lengthening	Procedure	CPT-4
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	Procedure	CPT-4
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	Procedure	CPT-4
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	Procedure	CPT-4
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	Procedure	CPT-4
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	Procedure	CPT-4
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	Procedure	CPT-4
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Procedure	CPT-4
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Procedure	CPT-4
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Procedure	CPT-4
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	Procedure	CPT-4
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	Procedure	CPT-4
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	Procedure	CPT-4
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
27500	Closed treatment of femoral shaft fracture, without manipulation	Procedure	CPT-4
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	Procedure	CPT-4
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	Procedure	CPT-4
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	Procedure	CPT-4
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	Procedure	CPT-4
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	Procedure	CPT-4
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	Procedure	CPT-4
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	Procedure	CPT-4
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	Procedure	CPT-4
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	Procedure	CPT-4
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	Procedure	CPT-4
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	Procedure	CPT-4
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	Procedure	CPT-4
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	Procedure	CPT-4
27520	Closed treatment of patellar fracture, without manipulation	Procedure	CPT-4
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	Procedure	CPT-4
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	Procedure	CPT-4
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	Procedure	CPT-4
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	Procedure	CPT-4
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	Procedure	CPT-4
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	Procedure	CPT-4
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	Procedure	CPT-4
27550	Closed treatment of knee dislocation; without anesthesia	Procedure	CPT-4
27552	Closed treatment of knee dislocation; requiring anesthesia	Procedure	CPT-4
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	Procedure	CPT-4
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	Procedure	CPT-4
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	Procedure	CPT-4
27560	Closed treatment of patellar dislocation; without anesthesia	Procedure	CPT-4
27562	Closed treatment of patellar dislocation; requiring anesthesia	Procedure	CPT-4
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	Procedure	CPT-4
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	Procedure	CPT-4
27580	Arthrodesis, knee, any technique	Procedure	CPT-4
27590	Amputation, thigh, through femur, any level;	Procedure	CPT-4
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	Procedure	CPT-4
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	Procedure	CPT-4
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	Procedure	CPT-4
27596	Amputation, thigh, through femur, any level; re-amputation	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27598	Disarticulation at knee	Procedure	CPT-4
27599	Unlisted procedure, femur or knee	Procedure	CPT-4
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	Procedure	CPT-4
27601	Decompression fasciotomy, leg; posterior compartment(s) only	Procedure	CPT-4
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	Procedure	CPT-4
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	Procedure	CPT-4
27604	Incision and drainage, leg or ankle; infected bursa	Procedure	CPT-4
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	Procedure	CPT-4
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	Procedure	CPT-4
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	Procedure	CPT-4
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	Procedure	CPT-4
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening	Procedure	CPT-4
27613	Biopsy, soft tissue of leg or ankle area; superficial	Procedure	CPT-4
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	Procedure	CPT-4
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Procedure	CPT-4
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Procedure	CPT-4
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Procedure	CPT-4
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Procedure	CPT-4
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	Procedure	CPT-4
27625	Arthrotomy, with synovectomy, ankle;	Procedure	CPT-4
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy	Procedure	CPT-4
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle	Procedure	CPT-4
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Procedure	CPT-4
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Procedure	CPT-4
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;	Procedure	CPT-4
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)	Procedure	CPT-4
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft	Procedure	CPT-4
27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia	Procedure	CPT-4
27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula	Procedure	CPT-4
27645	Radical resection of tumor; tibia	Procedure	CPT-4
27646	Radical resection of tumor; fibula	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27647	Radical resection of tumor; talus or calcaneus	Procedure	CPT-4
27648	Injection procedure for ankle arthrography	Procedure	CPT-4
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;	Procedure	CPT-4
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)	Procedure	CPT-4
27654	Repair, secondary, Achilles tendon, with or without graft	Procedure	CPT-4
27656	Repair, fascial defect of leg	Procedure	CPT-4
27658	Repair, flexor tendon, leg; primary, without graft, each tendon	Procedure	CPT-4
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	Procedure	CPT-4
27664	Repair, extensor tendon, leg; primary, without graft, each tendon	Procedure	CPT-4
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon	Procedure	CPT-4
27675	Repair, dislocating peroneal tendons; without fibular osteotomy	Procedure	CPT-4
27676	Repair, dislocating peroneal tendons; with fibular osteotomy	Procedure	CPT-4
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon	Procedure	CPT-4
27681	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])	Procedure	CPT-4
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	Procedure	CPT-4
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each	Procedure	CPT-4
27687	Gastrocnemius recession (eg, Strayer procedure)	Procedure	CPT-4
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)	Procedure	CPT-4
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	Procedure	CPT-4
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	Procedure	CPT-4
27695	Repair, primary, disrupted ligament, ankle; collateral	Procedure	CPT-4
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	Procedure	CPT-4
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	Procedure	CPT-4
27700	Arthroplasty, ankle;	Procedure	CPT-4
27702	Arthroplasty, ankle; with implant (total ankle)	Procedure	CPT-4
27703	Arthroplasty, ankle; revision, total ankle	Procedure	CPT-4
27704	Removal of ankle implant	Procedure	CPT-4
27705	Osteotomy; tibia	Procedure	CPT-4
27707	Osteotomy; fibula	Procedure	CPT-4
27709	Osteotomy; tibia and fibula	Procedure	CPT-4
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	Procedure	CPT-4
27715	Osteoplasty, tibia and fibula, lengthening or shortening	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	Procedure	CPT-4
27722	Repair of nonunion or malunion, tibia; with sliding graft	Procedure	CPT-4
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	Procedure	CPT-4
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	Procedure	CPT-4
27726	Repair of fibula nonunion and/or malunion with internal fixation	Procedure	CPT-4
27727	Repair of congenital pseudarthrosis, tibia	Procedure	CPT-4
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia	Procedure	CPT-4
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula	Procedure	CPT-4
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula	Procedure	CPT-4
27740	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;	Procedure	CPT-4
27742	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur	Procedure	CPT-4
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	Procedure	CPT-4
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation	Procedure	CPT-4
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction	Procedure	CPT-4
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)	Procedure	CPT-4
27758	Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage	Procedure	CPT-4
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	Procedure	CPT-4
27760	Closed treatment of medial malleolus fracture; without manipulation	Procedure	CPT-4
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction	Procedure	CPT-4
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed	Procedure	CPT-4
27767	Closed treatment of posterior malleolus fracture; without manipulation	Procedure	CPT-4
27768	Closed treatment of posterior malleolus fracture; with manipulation	Procedure	CPT-4
27769	Open treatment of posterior malleolus fracture, includes internal fixation, when performed	Procedure	CPT-4
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation	Procedure	CPT-4
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation	Procedure	CPT-4
27784	Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed	Procedure	CPT-4
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation	Procedure	CPT-4
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	Procedure	CPT-4
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	Procedure	CPT-4
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation	Procedure	CPT-4
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	Procedure	CPT-4
27816	Closed treatment of trimalleolar ankle fracture; without manipulation	Procedure	CPT-4
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	Procedure	CPT-4
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	Procedure	CPT-4
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	Procedure	CPT-4
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation	Procedure	CPT-4
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation	Procedure	CPT-4
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	Procedure	CPT-4
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	Procedure	CPT-4
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	Procedure	CPT-4
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	Procedure	CPT-4
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia	Procedure	CPT-4
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia	Procedure	CPT-4
27832	Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula	Procedure	CPT-4
27840	Closed treatment of ankle dislocation; without anesthesia	Procedure	CPT-4
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation	Procedure	CPT-4
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation	Procedure	CPT-4
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	Procedure	CPT-4
27870	Arthrodesis, ankle, open	Procedure	CPT-4
27871	Arthrodesis, tibiofibular joint, proximal or distal	Procedure	CPT-4
27880	Amputation, leg, through tibia and fibula;	Procedure	CPT-4
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	Procedure	CPT-4
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	Procedure	CPT-4
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision	Procedure	CPT-4
27886	Amputation, leg, through tibia and fibula; re-amputation	Procedure	CPT-4
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	Procedure	CPT-4
27889	Ankle disarticulation	Procedure	CPT-4
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	Procedure	CPT-4
27899	Unlisted procedure, leg or ankle	Procedure	CPT-4
28001	Incision and drainage, bursa, foot	Procedure	CPT-4
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	Procedure	CPT-4
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	Procedure	CPT-4
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot	Procedure	CPT-4
28008	Fasciotomy, foot and/or toe	Procedure	CPT-4
28010	Tenotomy, percutaneous, toe; single tendon	Procedure	CPT-4
28011	Tenotomy, percutaneous, toe; multiple tendons	Procedure	CPT-4
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	Procedure	CPT-4
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	Procedure	CPT-4
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	Procedure	CPT-4
28035	Release, tarsal tunnel (posterior tibial nerve decompression)	Procedure	CPT-4
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Procedure	CPT-4
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Procedure	CPT-4
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Procedure	CPT-4
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Procedure	CPT-4
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Procedure	CPT-4
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	Procedure	CPT-4
28052	Arthrotomy with biopsy; metatarsophalangeal joint	Procedure	CPT-4
28054	Arthrotomy with biopsy; interphalangeal joint	Procedure	CPT-4
28055	Neurectomy, intrinsic musculature of foot	Procedure	CPT-4
28060	Fasciectomy, plantar fascia; partial (separate procedure)	Procedure	CPT-4
28062	Fasciectomy, plantar fascia; radical (separate procedure)	Procedure	CPT-4
28070	Synovectomy; intertarsal or tarsometatarsal joint, each	Procedure	CPT-4
28072	Synovectomy; metatarsophalangeal joint, each	Procedure	CPT-4
28080	Excision, interdigital (Morton) neuroma, single, each	Procedure	CPT-4
28086	Synovectomy, tendon sheath, foot; flexor	Procedure	CPT-4
28088	Synovectomy, tendon sheath, foot; extensor	Procedure	CPT-4
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	Procedure	CPT-4
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	Procedure	CPT-4
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	Procedure	CPT-4
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	Procedure	CPT-4
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	Procedure	CPT-4
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	Procedure	CPT-4
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	Procedure	CPT-4
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	Procedure	CPT-4
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	Procedure	CPT-4
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Procedure	CPT-4
28111	Ostectomy, complete excision; first metatarsal head	Procedure	CPT-4
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	Procedure	CPT-4
28113	Ostectomy, complete excision; fifth metatarsal head	Procedure	CPT-4
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	Procedure	CPT-4
28116	Ostectomy, excision of tarsal coalition	Procedure	CPT-4
28118	Ostectomy, calcaneus;	Procedure	CPT-4
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus	Procedure	CPT-4
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	Procedure	CPT-4
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe	Procedure	CPT-4
28126	Resection, partial or complete, phalangeal base, each toe	Procedure	CPT-4
28130	Talectomy (astragalectomy)	Procedure	CPT-4
28140	Metatarsectomy	Procedure	CPT-4
28150	Phalangectomy, toe, each toe	Procedure	CPT-4
28153	Resection, condyle(s), distal end of phalanx, each toe	Procedure	CPT-4
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	Procedure	CPT-4
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Procedure	CPT-4
28173	Radical resection of tumor; metatarsal	Procedure	CPT-4
28175	Radical resection of tumor; phalanx of toe	Procedure	CPT-4
28190	Removal of foreign body, foot; subcutaneous	Procedure	CPT-4
28192	Removal of foreign body, foot; deep	Procedure	CPT-4
28193	Removal of foreign body, foot; complicated	Procedure	CPT-4
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon	Procedure	CPT-4
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)	Procedure	CPT-4
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon	Procedure	CPT-4
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)	Procedure	CPT-4
28220	Tenolysis, flexor, foot; single tendon	Procedure	CPT-4
28222	Tenolysis, flexor, foot; multiple tendons	Procedure	CPT-4
28225	Tenolysis, extensor, foot; single tendon	Procedure	CPT-4
28226	Tenolysis, extensor, foot; multiple tendons	Procedure	CPT-4
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	Procedure	CPT-4
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	Procedure	CPT-4
28234	Tenotomy, open, extensor, foot or toe, each tendon	Procedure	CPT-4
28238	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	Procedure	CPT-4
28240	Tenotomy, lengthening, or release, abductor hallucis muscle	Procedure	CPT-4
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)	Procedure	CPT-4
28260	Capsulotomy, midfoot; medial release only (separate procedure)	Procedure	CPT-4
28261	Capsulotomy, midfoot; with tendon lengthening	Procedure	CPT-4
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)	Procedure	CPT-4
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)	Procedure	CPT-4
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)	Procedure	CPT-4
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)	Procedure	CPT-4
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Procedure	CPT-4
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	Procedure	CPT-4
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	Procedure	CPT-4
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Procedure	CPT-4
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Procedure	CPT-4
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Procedure	CPT-4
28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Procedure	CPT-4
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Procedure	CPT-4
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Procedure	CPT-4
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Procedure	CPT-4
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	Procedure	CPT-4
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	Procedure	CPT-4
28302	Osteotomy; talus	Procedure	CPT-4
28304	Osteotomy, tarsal bones, other than calcaneus or talus;	Procedure	CPT-4
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)	Procedure	CPT-4
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Procedure	CPT-4
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)	Procedure	CPT-4
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Procedure	CPT-4
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)	Procedure	CPT-4
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Procedure	CPT-4
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)	Procedure	CPT-4
28315	Sesamoidectomy, first toe (separate procedure)	Procedure	CPT-4
28320	Repair, nonunion or malunion; tarsal bones	Procedure	CPT-4
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)	Procedure	CPT-4
28340	Reconstruction, toe, macrodactyly; soft tissue resection	Procedure	CPT-4
28341	Reconstruction, toe, macrodactyly; requiring bone resection	Procedure	CPT-4
28344	Reconstruction, toe(s); polydactyly	Procedure	CPT-4
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web	Procedure	CPT-4
28360	Reconstruction, cleft foot	Procedure	CPT-4
28400	Closed treatment of calcaneal fracture; without manipulation	Procedure	CPT-4
28405	Closed treatment of calcaneal fracture; with manipulation	Procedure	CPT-4
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation	Procedure	CPT-4
28415	Open treatment of calcaneal fracture, includes internal fixation, when performed;	Procedure	CPT-4
28420	Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	Procedure	CPT-4
28430	Closed treatment of talus fracture; without manipulation	Procedure	CPT-4
28435	Closed treatment of talus fracture; with manipulation	Procedure	CPT-4
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	Procedure	CPT-4
28445	Open treatment of talus fracture, includes internal fixation, when performed	Procedure	CPT-4
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	Procedure	CPT-4
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each	Procedure	CPT-4
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each	Procedure	CPT-4
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each	Procedure	CPT-4
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	Procedure	CPT-4
28470	Closed treatment of metatarsal fracture; without manipulation, each	Procedure	CPT-4
28475	Closed treatment of metatarsal fracture; with manipulation, each	Procedure	CPT-4
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each	Procedure	CPT-4
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each	Procedure	CPT-4
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation	Procedure	CPT-4
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation	Procedure	CPT-4
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	Procedure	CPT-4
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each	Procedure	CPT-4
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each	Procedure	CPT-4
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	Procedure	CPT-4
28530	Closed treatment of sesamoid fracture	Procedure	CPT-4
28531	Open treatment of sesamoid fracture, with or without internal fixation	Procedure	CPT-4
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia	Procedure	CPT-4
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia	Procedure	CPT-4
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation	Procedure	CPT-4
28555	Open treatment of tarsal bone dislocation, includes internal fixation, when performed	Procedure	CPT-4
28570	Closed treatment of talotarsal joint dislocation; without anesthesia	Procedure	CPT-4
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia	Procedure	CPT-4
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation	Procedure	CPT-4
28585	Open treatment of talotarsal joint dislocation, includes internal fixation, when performed	Procedure	CPT-4
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia	Procedure	CPT-4
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia	Procedure	CPT-4
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	Procedure	CPT-4
28615	Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed	Procedure	CPT-4
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia	Procedure	CPT-4
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia	Procedure	CPT-4
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation	Procedure	CPT-4
28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	Procedure	CPT-4
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	Procedure	CPT-4
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia	Procedure	CPT-4
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation	Procedure	CPT-4
28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	Procedure	CPT-4
28705	Arthrodesis; pantalar	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
28715	Arthrodesis; triple	Procedure	CPT-4
28725	Arthrodesis; subtalar	Procedure	CPT-4
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	Procedure	CPT-4
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	Procedure	CPT-4
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	Procedure	CPT-4
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint	Procedure	CPT-4
28750	Arthrodesis, great toe; metatarsophalangeal joint	Procedure	CPT-4
28755	Arthrodesis, great toe; interphalangeal joint	Procedure	CPT-4
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	Procedure	CPT-4
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	Procedure	CPT-4
28805	Amputation, foot; transmetatarsal	Procedure	CPT-4
28810	Amputation, metatarsal, with toe, single	Procedure	CPT-4
28820	Amputation, toe; metatarsophalangeal joint	Procedure	CPT-4
28825	Amputation, toe; interphalangeal joint	Procedure	CPT-4
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Procedure	CPT-4
28899	Unlisted procedure, foot or toes	Procedure	CPT-4
29000	Application of halo type body cast (see 20661-20663 for insertion)	Procedure	CPT-4
29010	Application of Risser jacket, localizer, body; only	Procedure	CPT-4
29015	Application of Risser jacket, localizer, body; including head	Procedure	CPT-4
29035	Application of body cast, shoulder to hips;	Procedure	CPT-4
29040	Application of body cast, shoulder to hips; including head, Minerva type	Procedure	CPT-4
29044	Application of body cast, shoulder to hips; including 1 thigh	Procedure	CPT-4
29046	Application of body cast, shoulder to hips; including both thighs	Procedure	CPT-4
29049	Application, cast; figure-of-eight	Procedure	CPT-4
29055	Application, cast; shoulder spica	Procedure	CPT-4
29058	Application, cast; plaster Velpeau	Procedure	CPT-4
29065	Application, cast; shoulder to hand (long arm)	Procedure	CPT-4
29075	Application, cast; elbow to finger (short arm)	Procedure	CPT-4
29085	Application, cast; hand and lower forearm (gauntlet)	Procedure	CPT-4
29086	Application, cast; finger (eg, contracture)	Procedure	CPT-4
29105	Application of long arm splint (shoulder to hand)	Procedure	CPT-4
29125	Application of short arm splint (forearm to hand); static	Procedure	CPT-4
29126	Application of short arm splint (forearm to hand); dynamic	Procedure	CPT-4
29130	Application of finger splint; static	Procedure	CPT-4
29131	Application of finger splint; dynamic	Procedure	CPT-4
29200	Strapping; thorax	Procedure	CPT-4
29240	Strapping; shoulder (eg, Velpeau)	Procedure	CPT-4
29260	Strapping; elbow or wrist	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
29280	Strapping; hand or finger	Procedure	CPT-4
29305	Application of hip spica cast; 1 leg	Procedure	CPT-4
29325	Application of hip spica cast; 1 and one-half spica or both legs	Procedure	CPT-4
29345	Application of long leg cast (thigh to toes);	Procedure	CPT-4
29355	Application of long leg cast (thigh to toes); walker or ambulatory type	Procedure	CPT-4
29358	Application of long leg cast brace	Procedure	CPT-4
29365	Application of cylinder cast (thigh to ankle)	Procedure	CPT-4
29405	Application of short leg cast (below knee to toes);	Procedure	CPT-4
29425	Application of short leg cast (below knee to toes); walking or ambulatory type	Procedure	CPT-4
29435	Application of patellar tendon bearing (PTB) cast	Procedure	CPT-4
29440	Adding walker to previously applied cast	Procedure	CPT-4
29445	Application of rigid total contact leg cast	Procedure	CPT-4
29450	Application of clubfoot cast with molding or manipulation, long or short leg	Procedure	CPT-4
29505	Application of long leg splint (thigh to ankle or toes)	Procedure	CPT-4
29515	Application of short leg splint (calf to foot)	Procedure	CPT-4
29520	Strapping; hip	Procedure	CPT-4
29530	Strapping; knee	Procedure	CPT-4
29540	Strapping; ankle and/or foot	Procedure	CPT-4
29550	Strapping; toes	Procedure	CPT-4
29580	Strapping; Unna boot	Procedure	CPT-4
29581	Application of multi-layer compression system; leg (below knee), including ankle and foot	Procedure	CPT-4
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Procedure	CPT-4
29700	Removal or bivalving; gauntlet, boot or body cast	Procedure	CPT-4
29705	Removal or bivalving; full arm or full leg cast	Procedure	CPT-4
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.	Procedure	CPT-4
29720	Repair of spica, body cast or jacket	Procedure	CPT-4
29730	Windowing of cast	Procedure	CPT-4
29740	Wedging of cast (except clubfoot casts)	Procedure	CPT-4
29750	Wedging of clubfoot cast	Procedure	CPT-4
29799	Unlisted procedure, casting or strapping	Procedure	CPT-4
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Procedure	CPT-4
29804	Arthroscopy, temporomandibular joint, surgical	Procedure	CPT-4
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Procedure	CPT-4
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Procedure	CPT-4
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Procedure	CPT-4
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Procedure	CPT-4
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Procedure	CPT-4
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Procedure	CPT-4
29822	Arthroscopy, shoulder, surgical; debridement, limited	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
29823	Arthroscopy, shoulder, surgical; debridement, extensive	Procedure	CPT-4
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Procedure	CPT-4
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Procedure	CPT-4
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Procedure	CPT-4
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Procedure	CPT-4
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	Procedure	CPT-4
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	Procedure	CPT-4
29835	Arthroscopy, elbow, surgical; synovectomy, partial	Procedure	CPT-4
29836	Arthroscopy, elbow, surgical; synovectomy, complete	Procedure	CPT-4
29837	Arthroscopy, elbow, surgical; debridement, limited	Procedure	CPT-4
29838	Arthroscopy, elbow, surgical; debridement, extensive	Procedure	CPT-4
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	Procedure	CPT-4
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage	Procedure	CPT-4
29844	Arthroscopy, wrist, surgical; synovectomy, partial	Procedure	CPT-4
29845	Arthroscopy, wrist, surgical; synovectomy, complete	Procedure	CPT-4
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	Procedure	CPT-4
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	Procedure	CPT-4
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	Procedure	CPT-4
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	Procedure	CPT-4
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	Procedure	CPT-4
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	Procedure	CPT-4
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	Procedure	CPT-4
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Procedure	CPT-4
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Procedure	CPT-4
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Procedure	CPT-4
29863	Arthroscopy, hip, surgical; with synovectomy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Procedure	CPT-4
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Procedure	CPT-4
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	Procedure	CPT-4
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Procedure	CPT-4
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Procedure	CPT-4
29873	Arthroscopy, knee, surgical; with lateral release	Procedure	CPT-4
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Procedure	CPT-4
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Procedure	CPT-4
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Procedure	CPT-4
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Procedure	CPT-4
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Procedure	CPT-4
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Procedure	CPT-4
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Procedure	CPT-4
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Procedure	CPT-4
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Procedure	CPT-4
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Procedure	CPT-4
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	Procedure	CPT-4
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	Procedure	CPT-4
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	Procedure	CPT-4
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Procedure	CPT-4
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Procedure	CPT-4
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	Procedure	CPT-4
29893	Endoscopic plantar fasciotomy	Procedure	CPT-4
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	Procedure	CPT-4
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	Procedure	CPT-4
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	Procedure	CPT-4
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	Procedure	CPT-4
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	Procedure	CPT-4
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy	Procedure	CPT-4
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement	Procedure	CPT-4
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)	Procedure	CPT-4
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	Procedure	CPT-4
29905	Arthroscopy, subtalar joint, surgical; with synovectomy	Procedure	CPT-4
29906	Arthroscopy, subtalar joint, surgical; with debridement	Procedure	CPT-4
29907	Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	Procedure	CPT-4
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Procedure	CPT-4
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Procedure	CPT-4
29916	Arthroscopy, hip, surgical; with labral repair	Procedure	CPT-4
29999	Unlisted procedure, arthroscopy	Procedure	CPT-4
30000	Drainage abscess or hematoma, nasal, internal approach	Procedure	CPT-4
30020	Drainage abscess or hematoma, nasal septum	Procedure	CPT-4
30100	Biopsy, intranasal	Procedure	CPT-4
30110	Excision, nasal polyp(s), simple	Procedure	CPT-4
30115	Excision, nasal polyp(s), extensive	Procedure	CPT-4
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	Procedure	CPT-4
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	Procedure	CPT-4
30120	Excision or surgical planing of skin of nose for rhinophyma	Procedure	CPT-4
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	Procedure	CPT-4
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	Procedure	CPT-4
30130	Excision inferior turbinate, partial or complete, any method	Procedure	CPT-4
30140	Submucous resection inferior turbinate, partial or complete, any method	Procedure	CPT-4
30150	Rhinectomy; partial	Procedure	CPT-4
30160	Rhinectomy; total	Procedure	CPT-4
30200	Injection into turbinate(s), therapeutic	Procedure	CPT-4
30210	Displacement therapy (Proetz type)	Procedure	CPT-4
30220	Insertion, nasal septal prosthesis (button)	Procedure	CPT-4
30300	Removal foreign body, intranasal; office type procedure	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
30310	Removal foreign body, intranasal; requiring general anesthesia	Procedure	CPT-4
30320	Removal foreign body, intranasal; by lateral rhinotomy	Procedure	CPT-4
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Procedure	CPT-4
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Procedure	CPT-4
30420	Rhinoplasty, primary; including major septal repair	Procedure	CPT-4
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Procedure	CPT-4
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Procedure	CPT-4
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Procedure	CPT-4
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	Procedure	CPT-4
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	Procedure	CPT-4
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	Procedure	CPT-4
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	Procedure	CPT-4
30540	Repair choanal atresia; intranasal	Procedure	CPT-4
30545	Repair choanal atresia; transpalatine	Procedure	CPT-4
30560	Lysis intranasal synechia	Procedure	CPT-4
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	Procedure	CPT-4
30600	Repair fistula; oronasal	Procedure	CPT-4
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	Procedure	CPT-4
30630	Repair nasal septal perforations	Procedure	CPT-4
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	Procedure	CPT-4
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	Procedure	CPT-4
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	Procedure	CPT-4
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	Procedure	CPT-4
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	Procedure	CPT-4
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	Procedure	CPT-4
30915	Ligation arteries; ethmoidal	Procedure	CPT-4
30920	Ligation arteries; internal maxillary artery, transantral	Procedure	CPT-4
30930	Fracture nasal inferior turbinate(s), therapeutic	Procedure	CPT-4
30999	Unlisted procedure, nose	Procedure	CPT-4
31000	Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31002	Lavage by cannulation; sphenoid sinus	Procedure	CPT-4
31020	Sinusotomy, maxillary (antrotomy); intranasal	Procedure	CPT-4
31030	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps	Procedure	CPT-4
31032	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps	Procedure	CPT-4
31040	Pterygomaxillary fossa surgery, any approach	Procedure	CPT-4
31050	Sinusotomy, sphenoid, with or without biopsy;	Procedure	CPT-4
31051	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)	Procedure	CPT-4
31070	Sinusotomy frontal; external, simple (trephine operation)	Procedure	CPT-4
31075	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)	Procedure	CPT-4
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)	Procedure	CPT-4
31081	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)	Procedure	CPT-4
31084	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision	Procedure	CPT-4
31085	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision	Procedure	CPT-4
31086	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	Procedure	CPT-4
31087	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision	Procedure	CPT-4
31090	Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	Procedure	CPT-4
31200	Ethmoidectomy; intranasal, anterior	Procedure	CPT-4
31201	Ethmoidectomy; intranasal, total	Procedure	CPT-4
31205	Ethmoidectomy; extranasal, total	Procedure	CPT-4
31225	Maxillectomy; without orbital exenteration	Procedure	CPT-4
31230	Maxillectomy; with orbital exenteration (en bloc)	Procedure	CPT-4
31231	Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	Procedure	CPT-4
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	Procedure	CPT-4
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	Procedure	CPT-4
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	Procedure	CPT-4
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Procedure	CPT-4
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Procedure	CPT-4
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	Procedure	CPT-4
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	Procedure	CPT-4
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Procedure	CPT-4
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	Procedure	CPT-4
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	Procedure	CPT-4
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Procedure	CPT-4
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Procedure	CPT-4
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	Procedure	CPT-4
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	Procedure	CPT-4
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	Procedure	CPT-4
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	Procedure	CPT-4
31290	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	Procedure	CPT-4
31291	Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	Procedure	CPT-4
31292	Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression	Procedure	CPT-4
31293	Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression	Procedure	CPT-4
31294	Nasal/sinus endoscopy, surgical; with optic nerve decompression	Procedure	CPT-4
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa	Procedure	CPT-4
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)	Procedure	CPT-4
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)	Procedure	CPT-4
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Procedure	CPT-4
31299	Unlisted procedure, accessory sinuses	Procedure	CPT-4
31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	Procedure	CPT-4
31360	Laryngectomy; total, without radical neck dissection	Procedure	CPT-4
31365	Laryngectomy; total, with radical neck dissection	Procedure	CPT-4
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	Procedure	CPT-4
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	Procedure	CPT-4
31370	Partial laryngectomy (hemilaryngectomy); horizontal	Procedure	CPT-4
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	Procedure	CPT-4
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	Procedure	CPT-4
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	Procedure	CPT-4
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	Procedure	CPT-4
31400	Arytenoidectomy or arytenoidopexy, external approach	Procedure	CPT-4
31420	Epiglottidectomy	Procedure	CPT-4
31500	Intubation, endotracheal, emergency procedure	Procedure	CPT-4
31502	Tracheotomy tube change prior to establishment of fistula tract	Procedure	CPT-4
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	Procedure	CPT-4
31510	Laryngoscopy, indirect; with biopsy	Procedure	CPT-4
31511	Laryngoscopy, indirect; with removal of foreign body	Procedure	CPT-4
31512	Laryngoscopy, indirect; with removal of lesion	Procedure	CPT-4
31513	Laryngoscopy, indirect; with vocal cord injection	Procedure	CPT-4
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	Procedure	CPT-4
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	Procedure	CPT-4
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	Procedure	CPT-4
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	Procedure	CPT-4
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	Procedure	CPT-4
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	Procedure	CPT-4
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	Procedure	CPT-4
31530	Laryngoscopy, direct, operative, with foreign body removal;	Procedure	CPT-4
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	Procedure	CPT-4
31535	Laryngoscopy, direct, operative, with biopsy;	Procedure	CPT-4
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	Procedure	CPT-4
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	Procedure	CPT-4
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	Procedure	CPT-4
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	Procedure	CPT-4
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	Procedure	CPT-4
31551	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age	Procedure	CPT-4
31552	Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older	Procedure	CPT-4
31553	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31554	Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older	Procedure	CPT-4
31560	Laryngoscopy, direct, operative, with arytenoidectomy;	Procedure	CPT-4
31561	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope	Procedure	CPT-4
31570	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;	Procedure	CPT-4
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	Procedure	CPT-4
31572	Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	Procedure	CPT-4
31573	Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral	Procedure	CPT-4
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Procedure	CPT-4
31575	Laryngoscopy, flexible; diagnostic	Procedure	CPT-4
31576	Laryngoscopy, flexible; with biopsy(ies)	Procedure	CPT-4
31577	Laryngoscopy, flexible; with removal of foreign body(s)	Procedure	CPT-4
31578	Laryngoscopy, flexible; with removal of lesion(s), non-laser	Procedure	CPT-4
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	Procedure	CPT-4
31580	Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion	Procedure	CPT-4
31584	Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed	Procedure	CPT-4
31587	Laryngoplasty, cricoid split, without graft placement	Procedure	CPT-4
31590	Laryngeal reinnervation by neuromuscular pedicle	Procedure	CPT-4
31591	Laryngoplasty, medialization, unilateral	Procedure	CPT-4
31592	Cricotracheal resection	Procedure	CPT-4
31595	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	Procedure	CPT-4
31599	Unlisted procedure, larynx	Procedure	CPT-4
31600	Tracheostomy, planned (separate procedure);	Procedure	CPT-4
31601	Tracheostomy, planned (separate procedure); younger than 2 years	Procedure	CPT-4
31603	Tracheostomy, emergency procedure; transtracheal	Procedure	CPT-4
31605	Tracheostomy, emergency procedure; cricothyroid membrane	Procedure	CPT-4
31610	Tracheostomy, fenestration procedure with skin flaps	Procedure	CPT-4
31611	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	Procedure	CPT-4
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	Procedure	CPT-4
31613	Tracheostoma revision; simple, without flap rotation	Procedure	CPT-4
31614	Tracheostoma revision; complex, with flap rotation	Procedure	CPT-4
31615	Tracheobronchoscopy through established tracheostomy incision	Procedure	CPT-4
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	Procedure	CPT-4
31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	Procedure	CPT-4
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	Procedure	CPT-4
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Procedure	CPT-4
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Procedure	CPT-4
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	Procedure	CPT-4
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	Procedure	CPT-4
31630	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture	Procedure	CPT-4
31631	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)	Procedure	CPT-4
31632	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	Procedure	CPT-4
31633	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)	Procedure	CPT-4
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Procedure	CPT-4
31635	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	Procedure	CPT-4
31636	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus	Procedure	CPT-4
31637	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)	Procedure	CPT-4
31638	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31640	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor	Procedure	CPT-4
31641	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	Procedure	CPT-4
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Procedure	CPT-4
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	Procedure	CPT-4
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	Procedure	CPT-4
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Procedure	CPT-4
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Procedure	CPT-4
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	Procedure	CPT-4
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s])	Procedure	CPT-4
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Procedure	CPT-4
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Procedure	CPT-4
31717	Catheterization with bronchial brush biopsy	Procedure	CPT-4
31720	Catheter aspiration (separate procedure); nasotracheal	Procedure	CPT-4
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	Procedure	CPT-4
31730	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Procedure	CPT-4
31750	Tracheoplasty; cervical	Procedure	CPT-4
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	Procedure	CPT-4
31760	Tracheoplasty; intrathoracic	Procedure	CPT-4
31766	Carinal reconstruction	Procedure	CPT-4
31770	Bronchoplasty; graft repair	Procedure	CPT-4
31775	Bronchoplasty; excision stenosis and anastomosis	Procedure	CPT-4
31780	Excision tracheal stenosis and anastomosis; cervical	Procedure	CPT-4
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
31785	Excision of tracheal tumor or carcinoma; cervical	Procedure	CPT-4
31786	Excision of tracheal tumor or carcinoma; thoracic	Procedure	CPT-4
31800	Suture of tracheal wound or injury; cervical	Procedure	CPT-4
31805	Suture of tracheal wound or injury; intrathoracic	Procedure	CPT-4
31820	Surgical closure tracheostomy or fistula; without plastic repair	Procedure	CPT-4
31825	Surgical closure tracheostomy or fistula; with plastic repair	Procedure	CPT-4
31830	Revision of tracheostomy scar	Procedure	CPT-4
31899	Unlisted procedure, trachea, bronchi	Procedure	CPT-4
32035	Thoracostomy; with rib resection for empyema	Procedure	CPT-4
32036	Thoracostomy; with open flap drainage for empyema	Procedure	CPT-4
32096	Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	Procedure	CPT-4
32097	Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	Procedure	CPT-4
32098	Thoracotomy, with biopsy(ies) of pleura	Procedure	CPT-4
32100	Thoracotomy; with exploration	Procedure	CPT-4
32110	Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear	Procedure	CPT-4
32120	Thoracotomy; for postoperative complications	Procedure	CPT-4
32124	Thoracotomy; with open intrapleural pneumonolysis	Procedure	CPT-4
32140	Thoracotomy; with cyst(s) removal, includes pleural procedure when performed	Procedure	CPT-4
32141	Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed	Procedure	CPT-4
32150	Thoracotomy; with removal of intrapleural foreign body or fibrin deposit	Procedure	CPT-4
32151	Thoracotomy; with removal of intrapulmonary foreign body	Procedure	CPT-4
32160	Thoracotomy; with cardiac massage	Procedure	CPT-4
32200	Pneumonostomy, with open drainage of abscess or cyst	Procedure	CPT-4
32215	Pleural scarification for repeat pneumothorax	Procedure	CPT-4
32220	Decortication, pulmonary (separate procedure); total	Procedure	CPT-4
32225	Decortication, pulmonary (separate procedure); partial	Procedure	CPT-4
32310	Pleurectomy, parietal (separate procedure)	Procedure	CPT-4
32320	Decortication and parietal pleurectomy	Procedure	CPT-4
32400	Biopsy, pleura, percutaneous needle	Procedure	CPT-4
32405	Biopsy, lung or mediastinum, percutaneous needle	Procedure	CPT-4
32440	Removal of lung, pneumonectomy;	Procedure	CPT-4
32442	Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)	Procedure	CPT-4
32445	Removal of lung, pneumonectomy; extrapleural	Procedure	CPT-4
32480	Removal of lung, other than pneumonectomy; single lobe (lobectomy)	Procedure	CPT-4
32482	Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	Procedure	CPT-4
32484	Removal of lung, other than pneumonectomy; single segment (segmentectomy)	Procedure	CPT-4
32486	Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
32488	Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)	Procedure	CPT-4
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed	Procedure	CPT-4
32501	Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	Procedure	CPT-4
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	Procedure	CPT-4
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	Procedure	CPT-4
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	Procedure	CPT-4
32540	Extrapleural enucleation of empyema (empyemectomy)	Procedure	CPT-4
32550	Insertion of indwelling tunneled pleural catheter with cuff	Procedure	CPT-4
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	Procedure	CPT-4
32552	Removal of indwelling tunneled pleural catheter with cuff	Procedure	CPT-4
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Procedure	CPT-4
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	Procedure	CPT-4
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	Procedure	CPT-4
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	Procedure	CPT-4
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	Procedure	CPT-4
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	Procedure	CPT-4
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	Procedure	CPT-4
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	Procedure	CPT-4
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	Procedure	CPT-4
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	Procedure	CPT-4
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	Procedure	CPT-4
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	Procedure	CPT-4
32609	Thoracoscopy; with biopsy(ies) of pleura	Procedure	CPT-4
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	Procedure	CPT-4
32651	Thoracoscopy, surgical; with partial pulmonary decortication	Procedure	CPT-4
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	Procedure	CPT-4
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	Procedure	CPT-4
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	Procedure	CPT-4
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	Procedure	CPT-4
32656	Thoracoscopy, surgical; with parietal pleurectomy	Procedure	CPT-4
32658	Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac	Procedure	CPT-4
32659	Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	Procedure	CPT-4
32661	Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass	Procedure	CPT-4
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	Procedure	CPT-4
32663	Thoracoscopy, surgical; with lobectomy (single lobe)	Procedure	CPT-4
32664	Thoracoscopy, surgical; with thoracic sympathectomy	Procedure	CPT-4
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)	Procedure	CPT-4
32666	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	Procedure	CPT-4
32667	Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
32668	Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	Procedure	CPT-4
32669	Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)	Procedure	CPT-4
32670	Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	Procedure	CPT-4
32671	Thoracoscopy, surgical; with removal of lung (pneumonectomy)	Procedure	CPT-4
32672	Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed	Procedure	CPT-4
32673	Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	Procedure	CPT-4
32674	Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Procedure	CPT-4
32800	Repair lung hernia through chest wall	Procedure	CPT-4
32810	Closure of chest wall following open flap drainage for empyema (Clagett type procedure)	Procedure	CPT-4
32815	Open closure of major bronchial fistula	Procedure	CPT-4
32820	Major reconstruction, chest wall (posttraumatic)	Procedure	CPT-4
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Procedure	CPT-4
32851	Lung transplant, single; without cardiopulmonary bypass	Procedure	CPT-4
32852	Lung transplant, single; with cardiopulmonary bypass	Procedure	CPT-4
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Procedure	CPT-4
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Procedure	CPT-4
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	Procedure	CPT-4
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	Procedure	CPT-4
32900	Resection of ribs, extrapleural, all stages	Procedure	CPT-4
32905	Thoracoplasty, Schede type or extrapleural (all stages);	Procedure	CPT-4
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula	Procedure	CPT-4
32940	Pneumonolysis, extraperiosteal, including filling or packing procedures	Procedure	CPT-4
32960	Pneumothorax, therapeutic, intrapleural injection of air	Procedure	CPT-4
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Procedure	CPT-4
32997	Total lung lavage (unilateral)	Procedure	CPT-4
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Procedure	CPT-4
32999	Unlisted procedure, lungs and pleura	Procedure	CPT-4
33010	Pericardiocentesis; initial	Procedure	CPT-4
33011	Pericardiocentesis; subsequent	Procedure	CPT-4
33015	Tube pericardiostomy	Procedure	CPT-4
33020	Pericardiotomy for removal of clot or foreign body (primary procedure)	Procedure	CPT-4
33025	Creation of pericardial window or partial resection for drainage	Procedure	CPT-4
33030	Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	Procedure	CPT-4
33031	Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	Procedure	CPT-4
33050	Resection of pericardial cyst or tumor	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	Procedure	CPT-4
33130	Resection of external cardiac tumor	Procedure	CPT-4
33140	Transmyocardial laser revascularization, by thoracotomy; (separate procedure)	Procedure	CPT-4
33141	Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Procedure	CPT-4
33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Procedure	CPT-4
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Procedure	CPT-4
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Procedure	CPT-4
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Procedure	CPT-4
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	Procedure	CPT-4
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	Procedure	CPT-4
33212	Insertion of pacemaker pulse generator only; with existing single lead	Procedure	CPT-4
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Procedure	CPT-4
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	Procedure	CPT-4
33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	Procedure	CPT-4
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Procedure	CPT-4
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	Procedure	CPT-4
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	Procedure	CPT-4
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	Procedure	CPT-4
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	Procedure	CPT-4
33222	Relocation of skin pocket for pacemaker	Procedure	CPT-4
33223	Relocation of skin pocket for implantable defibrillator	Procedure	CPT-4
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)	Procedure	CPT-4
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	Procedure	CPT-4
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Procedure	CPT-4
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Procedure	CPT-4
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Procedure	CPT-4
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	Procedure	CPT-4
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	Procedure	CPT-4
33233	Removal of permanent pacemaker pulse generator only	Procedure	CPT-4
33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Procedure	CPT-4
33235	Removal of transvenous pacemaker electrode(s); dual lead system	Procedure	CPT-4
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular	Procedure	CPT-4
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system	Procedure	CPT-4
33238	Removal of permanent transvenous electrode(s) by thoracotomy	Procedure	CPT-4
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	Procedure	CPT-4
33241	Removal of implantable defibrillator pulse generator only	Procedure	CPT-4
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	Procedure	CPT-4
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	Procedure	CPT-4
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	Procedure	CPT-4
33250	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass	Procedure	CPT-4
33251	Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	Procedure	CPT-4
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Procedure	CPT-4
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Procedure	CPT-4
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)	Procedure	CPT-4
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)	Procedure	CPT-4
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)	Procedure	CPT-4
33261	Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	Procedure	CPT-4
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Procedure	CPT-4
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Procedure	CPT-4
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Procedure	CPT-4
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Procedure	CPT-4
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Procedure	CPT-4
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Procedure	CPT-4
33271	Insertion of subcutaneous implantable defibrillator electrode	Procedure	CPT-4
33272	Removal of subcutaneous implantable defibrillator electrode	Procedure	CPT-4
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Procedure	CPT-4
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Procedure	CPT-4
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Procedure	CPT-4
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Procedure	CPT-4
33286	Removal, subcutaneous cardiac rhythm monitor	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Procedure	CPT-4
33300	Repair of cardiac wound; without bypass	Procedure	CPT-4
33305	Repair of cardiac wound; with cardiopulmonary bypass	Procedure	CPT-4
33310	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass	Procedure	CPT-4
33315	Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass	Procedure	CPT-4
33320	Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass	Procedure	CPT-4
33321	Suture repair of aorta or great vessels; with shunt bypass	Procedure	CPT-4
33322	Suture repair of aorta or great vessels; with cardiopulmonary bypass	Procedure	CPT-4
33330	Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass	Procedure	CPT-4
33335	Insertion of graft, aorta or great vessels; with cardiopulmonary bypass	Procedure	CPT-4
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Procedure	CPT-4
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Procedure	CPT-4
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Procedure	CPT-4
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Procedure	CPT-4
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Procedure	CPT-4
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Procedure	CPT-4
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Procedure	CPT-4
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	Procedure	CPT-4
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	Procedure	CPT-4
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	Procedure	CPT-4
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	Procedure	CPT-4
33404	Construction of apical-aortic conduit	Procedure	CPT-4
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Procedure	CPT-4
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	Procedure	CPT-4
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	Procedure	CPT-4
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	Procedure	CPT-4
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Procedure	CPT-4
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	Procedure	CPT-4
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	Procedure	CPT-4
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	Procedure	CPT-4
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	Procedure	CPT-4
33417	Aortoplasty (gusset) for supraaortic stenosis	Procedure	CPT-4
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Procedure	CPT-4
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Procedure	CPT-4
33420	Valvotomy, mitral valve; closed heart	Procedure	CPT-4
33422	Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	Procedure	CPT-4
33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	Procedure	CPT-4
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	Procedure	CPT-4
33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	Procedure	CPT-4
33430	Replacement, mitral valve, with cardiopulmonary bypass	Procedure	CPT-4
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Procedure	CPT-4
33460	Valvectomy, tricuspid valve, with cardiopulmonary bypass	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33463	Valvuloplasty, tricuspid valve; without ring insertion	Procedure	CPT-4
33464	Valvuloplasty, tricuspid valve; with ring insertion	Procedure	CPT-4
33465	Replacement, tricuspid valve, with cardiopulmonary bypass	Procedure	CPT-4
33468	Tricuspid valve repositioning and plication for Ebstein anomaly	Procedure	CPT-4
33470	Valvotomy, pulmonary valve, closed heart; transventricular	Procedure	CPT-4
33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	Procedure	CPT-4
33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	Procedure	CPT-4
33475	Replacement, pulmonary valve	Procedure	CPT-4
33476	Right ventricular resection for infundibular stenosis, with or without commissurotomy	Procedure	CPT-4
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Procedure	CPT-4
33478	Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection	Procedure	CPT-4
33496	Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)	Procedure	CPT-4
33500	Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass	Procedure	CPT-4
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass	Procedure	CPT-4
33502	Repair of anomalous coronary artery from pulmonary artery origin; by ligation	Procedure	CPT-4
33503	Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass	Procedure	CPT-4
33504	Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass	Procedure	CPT-4
33505	Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)	Procedure	CPT-4
33506	Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta	Procedure	CPT-4
33507	Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation	Procedure	CPT-4
33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
33510	Coronary artery bypass, vein only; single coronary venous graft	Procedure	CPT-4
33511	Coronary artery bypass, vein only; 2 coronary venous grafts	Procedure	CPT-4
33512	Coronary artery bypass, vein only; 3 coronary venous grafts	Procedure	CPT-4
33513	Coronary artery bypass, vein only; 4 coronary venous grafts	Procedure	CPT-4
33514	Coronary artery bypass, vein only; 5 coronary venous grafts	Procedure	CPT-4
33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	Procedure	CPT-4
33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	Procedure	CPT-4
33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	Procedure	CPT-4
33533	Coronary artery bypass, using arterial graft(s); single arterial graft	Procedure	CPT-4
33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	Procedure	CPT-4
33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	Procedure	CPT-4
33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	Procedure	CPT-4
33542	Myocardial resection (eg, ventricular aneurysmectomy)	Procedure	CPT-4
33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	Procedure	CPT-4
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	Procedure	CPT-4
33572	Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)	Procedure	CPT-4
33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	Procedure	CPT-4
33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	Procedure	CPT-4
33606	Anastomosis of pulmonary artery to aorta (Damas-Kaye-Stansel procedure)	Procedure	CPT-4
33608	Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery	Procedure	CPT-4
33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	Procedure	CPT-4
33611	Repair of double outlet right ventricle with intraventricular tunnel repair;	Procedure	CPT-4
33612	Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction	Procedure	CPT-4
33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	Procedure	CPT-4
33617	Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33619	Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)	Procedure	CPT-4
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Procedure	CPT-4
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Procedure	CPT-4
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)	Procedure	CPT-4
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	Procedure	CPT-4
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage	Procedure	CPT-4
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	Procedure	CPT-4
33660	Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair	Procedure	CPT-4
33665	Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair	Procedure	CPT-4
33670	Repair of complete atrioventricular canal, with or without prosthetic valve	Procedure	CPT-4
33675	Closure of multiple ventricular septal defects;	Procedure	CPT-4
33676	Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)	Procedure	CPT-4
33677	Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset	Procedure	CPT-4
33681	Closure of single ventricular septal defect, with or without patch;	Procedure	CPT-4
33684	Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)	Procedure	CPT-4
33688	Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset	Procedure	CPT-4
33690	Banding of pulmonary artery	Procedure	CPT-4
33692	Complete repair tetralogy of Fallot without pulmonary atresia;	Procedure	CPT-4
33694	Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch	Procedure	CPT-4
33697	Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect	Procedure	CPT-4
33702	Repair sinus of Valsalva fistula, with cardiopulmonary bypass;	Procedure	CPT-4
33710	Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect	Procedure	CPT-4
33720	Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33722	Closure of aortico-left ventricular tunnel	Procedure	CPT-4
33724	Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)	Procedure	CPT-4
33726	Repair of pulmonary venous stenosis	Procedure	CPT-4
33730	Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)	Procedure	CPT-4
33732	Repair of cor triatriatum or supra-ventricular mitral ring by resection of left atrial membrane	Procedure	CPT-4
33735	Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)	Procedure	CPT-4
33736	Atrial septectomy or septostomy; open heart with cardiopulmonary bypass	Procedure	CPT-4
33737	Atrial septectomy or septostomy; open heart, with inflow occlusion	Procedure	CPT-4
33750	Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)	Procedure	CPT-4
33755	Shunt; ascending aorta to pulmonary artery (Waterston type operation)	Procedure	CPT-4
33762	Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)	Procedure	CPT-4
33764	Shunt; central, with prosthetic graft	Procedure	CPT-4
33766	Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)	Procedure	CPT-4
33767	Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)	Procedure	CPT-4
33768	Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)	Procedure	CPT-4
33770	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect	Procedure	CPT-4
33771	Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect	Procedure	CPT-4
33774	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;	Procedure	CPT-4
33775	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band	Procedure	CPT-4
33776	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect	Procedure	CPT-4
33777	Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction	Procedure	CPT-4
33778	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);	Procedure	CPT-4
33779	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band	Procedure	CPT-4
33780	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33781	Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction	Procedure	CPT-4
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation	Procedure	CPT-4
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia	Procedure	CPT-4
33786	Total repair, truncus arteriosus (Rastelli type operation)	Procedure	CPT-4
33788	Reimplantation of an anomalous pulmonary artery	Procedure	CPT-4
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)	Procedure	CPT-4
33802	Division of aberrant vessel (vascular ring);	Procedure	CPT-4
33803	Division of aberrant vessel (vascular ring); with reanastomosis	Procedure	CPT-4
33813	Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass	Procedure	CPT-4
33814	Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass	Procedure	CPT-4
33820	Repair of patent ductus arteriosus; by ligation	Procedure	CPT-4
33822	Repair of patent ductus arteriosus; by division, younger than 18 years	Procedure	CPT-4
33824	Repair of patent ductus arteriosus; by division, 18 years and older	Procedure	CPT-4
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis	Procedure	CPT-4
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft	Procedure	CPT-4
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement	Procedure	CPT-4
33852	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass	Procedure	CPT-4
33853	Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass	Procedure	CPT-4
33860	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed	Procedure	CPT-4
33863	Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)	Procedure	CPT-4
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)	Procedure	CPT-4
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)	Procedure	CPT-4
33870	Transverse arch graft, with cardiopulmonary bypass	Procedure	CPT-4
33875	Descending thoracic aorta graft, with or without bypass	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	Procedure	CPT-4
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	Procedure	CPT-4
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin	Procedure	CPT-4
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	Procedure	CPT-4
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure)	Procedure	CPT-4
33886	Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	Procedure	CPT-4
33889	Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral	Procedure	CPT-4
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision	Procedure	CPT-4
33910	Pulmonary artery embolectomy; with cardiopulmonary bypass	Procedure	CPT-4
33915	Pulmonary artery embolectomy; without cardiopulmonary bypass	Procedure	CPT-4
33916	Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass	Procedure	CPT-4
33917	Repair of pulmonary artery stenosis by reconstruction with patch or graft	Procedure	CPT-4
33920	Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery	Procedure	CPT-4
33922	Transection of pulmonary artery with cardiopulmonary bypass	Procedure	CPT-4
33924	Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
33925	Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass	Procedure	CPT-4
33926	Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass	Procedure	CPT-4
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Procedure	CPT-4
33928	Removal and replacement of total replacement heart system (artificial heart)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Procedure	CPT-4
33930	Donor cardiectomy-pneumonectomy (including cold preservation)	Procedure	CPT-4
33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation	Procedure	CPT-4
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Procedure	CPT-4
33940	Donor cardiectomy (including cold preservation)	Procedure	CPT-4
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for implantation	Procedure	CPT-4
33945	Heart transplant, with or without recipient cardiectomy	Procedure	CPT-4
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Procedure	CPT-4
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	Procedure	CPT-4
33948	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous	Procedure	CPT-4
33949	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial	Procedure	CPT-4
33951	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33952	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33953	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Procedure	CPT-4
33954	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33955	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Procedure	CPT-4
33956	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33958	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33962	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
33965	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Procedure	CPT-4
33966	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Procedure	CPT-4
33967	Insertion of intra-aortic balloon assist device, percutaneous	Procedure	CPT-4
33968	Removal of intra-aortic balloon assist device, percutaneous	Procedure	CPT-4
33969	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Procedure	CPT-4
33970	Insertion of intra-aortic balloon assist device through the femoral artery, open approach	Procedure	CPT-4
33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	Procedure	CPT-4
33973	Insertion of intra-aortic balloon assist device through the ascending aorta	Procedure	CPT-4
33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	Procedure	CPT-4
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Procedure	CPT-4
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Procedure	CPT-4
33977	Removal of ventricular assist device; extracorporeal, single ventricle	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33978	Removal of ventricular assist device; extracorporeal, biventricular	Procedure	CPT-4
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	Procedure	CPT-4
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	Procedure	CPT-4
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Procedure	CPT-4
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	Procedure	CPT-4
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Procedure	CPT-4
33984	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Procedure	CPT-4
33985	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Procedure	CPT-4
33986	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Procedure	CPT-4
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)	Procedure	CPT-4
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS	Procedure	CPT-4
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	Procedure	CPT-4
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture	Procedure	CPT-4
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion	Procedure	CPT-4
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	Procedure	CPT-4
33999	Unlisted procedure, cardiac surgery	Procedure	CPT-4
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision	Procedure	CPT-4
34051	Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision	Procedure	CPT-4
34101	Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
34111	Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision	Procedure	CPT-4
34151	Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision	Procedure	CPT-4
34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	Procedure	CPT-4
34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	Procedure	CPT-4
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	Procedure	CPT-4
34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	Procedure	CPT-4
34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	Procedure	CPT-4
34471	Thrombectomy, direct or with catheter; subclavian vein, by neck incision	Procedure	CPT-4
34490	Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision	Procedure	CPT-4
34501	Valvuloplasty, femoral vein	Procedure	CPT-4
34502	Reconstruction of vena cava, any method	Procedure	CPT-4
34510	Venous valve transposition, any vein donor	Procedure	CPT-4
34520	Cross-over vein graft to venous system	Procedure	CPT-4
34530	Saphenopopliteal vein anastomosis	Procedure	CPT-4
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Procedure	CPT-4
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Procedure	CPT-4
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Procedure	CPT-4
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Procedure	CPT-4
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Procedure	CPT-4
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	Procedure	CPT-4
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	Procedure	CPT-4
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	Procedure	CPT-4
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	Procedure	CPT-4
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	Procedure	CPT-4
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34808	Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)	Procedure	CPT-4
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)	Procedure	CPT-4
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	Procedure	CPT-4
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	Procedure	CPT-4
34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	Procedure	CPT-4
34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)	Procedure	CPT-4
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	Procedure	CPT-4
34841	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Procedure	CPT-4
34842	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
34843	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34844	Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)	Procedure	CPT-4
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprosthesis (superior mesenteric, celiac and/or renal artery[s])	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
35001	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision	Procedure	CPT-4
35002	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision	Procedure	CPT-4
35005	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	Procedure	CPT-4
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision	Procedure	CPT-4
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision	Procedure	CPT-4
35021	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision	Procedure	CPT-4
35022	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	Procedure	CPT-4
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery	Procedure	CPT-4
35081	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	Procedure	CPT-4
35082	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	Procedure	CPT-4
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	Procedure	CPT-4
35092	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	Procedure	CPT-4
35102	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
35103	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	Procedure	CPT-4
35111	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery	Procedure	CPT-4
35112	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery	Procedure	CPT-4
35121	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery	Procedure	CPT-4
35122	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	Procedure	CPT-4
35131	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)	Procedure	CPT-4
35132	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)	Procedure	CPT-4
35141	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)	Procedure	CPT-4
35142	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)	Procedure	CPT-4
35151	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery	Procedure	CPT-4
35152	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery	Procedure	CPT-4
35180	Repair, congenital arteriovenous fistula; head and neck	Procedure	CPT-4
35182	Repair, congenital arteriovenous fistula; thorax and abdomen	Procedure	CPT-4
35184	Repair, congenital arteriovenous fistula; extremities	Procedure	CPT-4
35188	Repair, acquired or traumatic arteriovenous fistula; head and neck	Procedure	CPT-4
35189	Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen	Procedure	CPT-4
35190	Repair, acquired or traumatic arteriovenous fistula; extremities	Procedure	CPT-4
35201	Repair blood vessel, direct; neck	Procedure	CPT-4
35206	Repair blood vessel, direct; upper extremity	Procedure	CPT-4
35207	Repair blood vessel, direct; hand, finger	Procedure	CPT-4
35211	Repair blood vessel, direct; intrathoracic, with bypass	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
35216	Repair blood vessel, direct; intrathoracic, without bypass	Procedure	CPT-4
35221	Repair blood vessel, direct; intra-abdominal	Procedure	CPT-4
35226	Repair blood vessel, direct; lower extremity	Procedure	CPT-4
35231	Repair blood vessel with vein graft; neck	Procedure	CPT-4
35236	Repair blood vessel with vein graft; upper extremity	Procedure	CPT-4
35241	Repair blood vessel with vein graft; intrathoracic, with bypass	Procedure	CPT-4
35246	Repair blood vessel with vein graft; intrathoracic, without bypass	Procedure	CPT-4
35251	Repair blood vessel with vein graft; intra-abdominal	Procedure	CPT-4
35256	Repair blood vessel with vein graft; lower extremity	Procedure	CPT-4
35261	Repair blood vessel with graft other than vein; neck	Procedure	CPT-4
35266	Repair blood vessel with graft other than vein; upper extremity	Procedure	CPT-4
35271	Repair blood vessel with graft other than vein; intrathoracic, with bypass	Procedure	CPT-4
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass	Procedure	CPT-4
35281	Repair blood vessel with graft other than vein; intra-abdominal	Procedure	CPT-4
35286	Repair blood vessel with graft other than vein; lower extremity	Procedure	CPT-4
35301	Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Procedure	CPT-4
35302	Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	Procedure	CPT-4
35303	Thromboendarterectomy, including patch graft, if performed; popliteal artery	Procedure	CPT-4
35304	Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery	Procedure	CPT-4
35305	Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	Procedure	CPT-4
35306	Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
35311	Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	Procedure	CPT-4
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	Procedure	CPT-4
35331	Thromboendarterectomy, including patch graft, if performed; abdominal aorta	Procedure	CPT-4
35341	Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal	Procedure	CPT-4
35351	Thromboendarterectomy, including patch graft, if performed; iliac	Procedure	CPT-4
35355	Thromboendarterectomy, including patch graft, if performed; iliofemoral	Procedure	CPT-4
35361	Thromboendarterectomy, including patch graft, if performed; combined aortoiliac	Procedure	CPT-4
35363	Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral	Procedure	CPT-4
35371	Thromboendarterectomy, including patch graft, if performed; common femoral	Procedure	CPT-4
35372	Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	Procedure	CPT-4
35390	Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
35400	Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)	Procedure	CPT-4
35500	Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
35501	Bypass graft, with vein; common carotid-ipsilateral internal carotid	Procedure	CPT-4
35506	Bypass graft, with vein; carotid-subclavian or subclavian-carotid	Procedure	CPT-4
35508	Bypass graft, with vein; carotid-vertebral	Procedure	CPT-4
35509	Bypass graft, with vein; carotid-contralateral carotid	Procedure	CPT-4
35510	Bypass graft, with vein; carotid-brachial	Procedure	CPT-4
35511	Bypass graft, with vein; subclavian-subclavian	Procedure	CPT-4
35512	Bypass graft, with vein; subclavian-brachial	Procedure	CPT-4
35515	Bypass graft, with vein; subclavian-vertebral	Procedure	CPT-4
35516	Bypass graft, with vein; subclavian-axillary	Procedure	CPT-4
35518	Bypass graft, with vein; axillary-axillary	Procedure	CPT-4
35521	Bypass graft, with vein; axillary-femoral	Procedure	CPT-4
35522	Bypass graft, with vein; axillary-brachial	Procedure	CPT-4
35523	Bypass graft, with vein; brachial-ulnar or -radial	Procedure	CPT-4
35525	Bypass graft, with vein; brachial-brachial	Procedure	CPT-4
35526	Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid	Procedure	CPT-4
35531	Bypass graft, with vein; aortoceliac or aortomesenteric	Procedure	CPT-4
35533	Bypass graft, with vein; axillary-femoral-femoral	Procedure	CPT-4
35535	Bypass graft, with vein; hepatorenal	Procedure	CPT-4
35536	Bypass graft, with vein; splenorenal	Procedure	CPT-4
35537	Bypass graft, with vein; aortoiliac	Procedure	CPT-4
35538	Bypass graft, with vein; aortobi-iliac	Procedure	CPT-4
35539	Bypass graft, with vein; aortofemoral	Procedure	CPT-4
35540	Bypass graft, with vein; aortobifemoral	Procedure	CPT-4
35556	Bypass graft, with vein; femoral-popliteal	Procedure	CPT-4
35558	Bypass graft, with vein; femoral-femoral	Procedure	CPT-4
35560	Bypass graft, with vein; aortorenal	Procedure	CPT-4
35563	Bypass graft, with vein; ilioiliac	Procedure	CPT-4
35565	Bypass graft, with vein; iliofemoral	Procedure	CPT-4
35566	Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	Procedure	CPT-4
35570	Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial	Procedure	CPT-4
35571	Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels	Procedure	CPT-4
35572	Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)	Procedure	CPT-4
35583	In-situ vein bypass; femoral-popliteal	Procedure	CPT-4
35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	Procedure	CPT-4
35587	In-situ vein bypass; popliteal-tibial, peroneal	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
35600	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
35601	Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	Procedure	CPT-4
35606	Bypass graft, with other than vein; carotid-subclavian	Procedure	CPT-4
35612	Bypass graft, with other than vein; subclavian-subclavian	Procedure	CPT-4
35616	Bypass graft, with other than vein; subclavian-axillary	Procedure	CPT-4
35621	Bypass graft, with other than vein; axillary-femoral	Procedure	CPT-4
35623	Bypass graft, with other than vein; axillary-popliteal or -tibial	Procedure	CPT-4
35626	Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	Procedure	CPT-4
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	Procedure	CPT-4
35632	Bypass graft, with other than vein; ilio-celiac	Procedure	CPT-4
35633	Bypass graft, with other than vein; ilio-mesenteric	Procedure	CPT-4
35634	Bypass graft, with other than vein; iliorenal	Procedure	CPT-4
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	Procedure	CPT-4
35637	Bypass graft, with other than vein; aortoiliac	Procedure	CPT-4
35638	Bypass graft, with other than vein; aortobi-iliac	Procedure	CPT-4
35642	Bypass graft, with other than vein; carotid-vertebral	Procedure	CPT-4
35645	Bypass graft, with other than vein; subclavian-vertebral	Procedure	CPT-4
35646	Bypass graft, with other than vein; aortobifemoral	Procedure	CPT-4
35647	Bypass graft, with other than vein; aortofemoral	Procedure	CPT-4
35650	Bypass graft, with other than vein; axillary-axillary	Procedure	CPT-4
35654	Bypass graft, with other than vein; axillary-femoral-femoral	Procedure	CPT-4
35656	Bypass graft, with other than vein; femoral-popliteal	Procedure	CPT-4
35661	Bypass graft, with other than vein; femoral-femoral	Procedure	CPT-4
35663	Bypass graft, with other than vein; ilioiliac	Procedure	CPT-4
35665	Bypass graft, with other than vein; iliofemoral	Procedure	CPT-4
35666	Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	Procedure	CPT-4
35671	Bypass graft, with other than vein; popliteal-tibial or -peroneal artery	Procedure	CPT-4
35681	Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)	Procedure	CPT-4
35682	Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)	Procedure	CPT-4
35683	Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)	Procedure	CPT-4
35685	Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)	Procedure	CPT-4
35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)	Procedure	CPT-4
35691	Transposition and/or reimplantation; vertebral to carotid artery	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
35693	Transposition and/or reimplantation; vertebral to subclavian artery	Procedure	CPT-4
35694	Transposition and/or reimplantation; subclavian to carotid artery	Procedure	CPT-4
35695	Transposition and/or reimplantation; carotid to subclavian artery	Procedure	CPT-4
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
35700	Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)	Procedure	CPT-4
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery	Procedure	CPT-4
35721	Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery	Procedure	CPT-4
35741	Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery	Procedure	CPT-4
35761	Exploration (not followed by surgical repair), with or without lysis of artery; other vessels	Procedure	CPT-4
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck	Procedure	CPT-4
35820	Exploration for postoperative hemorrhage, thrombosis or infection; chest	Procedure	CPT-4
35840	Exploration for postoperative hemorrhage, thrombosis or infection; abdomen	Procedure	CPT-4
35860	Exploration for postoperative hemorrhage, thrombosis or infection; extremity	Procedure	CPT-4
35870	Repair of graft-enteric fistula	Procedure	CPT-4
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);	Procedure	CPT-4
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft	Procedure	CPT-4
35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	Procedure	CPT-4
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	Procedure	CPT-4
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	Procedure	CPT-4
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	Procedure	CPT-4
35901	Excision of infected graft; neck	Procedure	CPT-4
35903	Excision of infected graft; extremity	Procedure	CPT-4
35905	Excision of infected graft; thorax	Procedure	CPT-4
35907	Excision of infected graft; abdomen	Procedure	CPT-4
36000	Introduction of needle or intracatheter, vein	Procedure	CPT-4
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	Procedure	CPT-4
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36010	Introduction of catheter, superior or inferior vena cava	Procedure	CPT-4
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	Procedure	CPT-4
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	Procedure	CPT-4
36013	Introduction of catheter, right heart or main pulmonary artery	Procedure	CPT-4
36014	Selective catheter placement, left or right pulmonary artery	Procedure	CPT-4
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	Procedure	CPT-4
36100	Introduction of needle or intracatheter, carotid or vertebral artery	Procedure	CPT-4
36140	Introduction of needle or intracatheter, upper or lower extremity artery	Procedure	CPT-4
36160	Introduction of needle or intracatheter, aortic, translumbar	Procedure	CPT-4
36200	Introduction of catheter, aorta	Procedure	CPT-4
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	Procedure	CPT-4
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	Procedure	CPT-4
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	Procedure	CPT-4
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	Procedure	CPT-4
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Procedure	CPT-4
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Procedure	CPT-4
36223	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Procedure	CPT-4
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed	Procedure	CPT-4
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Procedure	CPT-4
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)	Procedure	CPT-4
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Procedure	CPT-4
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Procedure	CPT-4
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	Procedure	CPT-4
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	Procedure	CPT-4
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Procedure	CPT-4
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Procedure	CPT-4
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral	Procedure	CPT-4

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Code	Description	Code Category	Code Type
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral	Procedure	CPT-4
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	Procedure	CPT-4
36261	Revision of implanted intra-arterial infusion pump	Procedure	CPT-4
36262	Removal of implanted intra-arterial infusion pump	Procedure	CPT-4
36299	Unlisted procedure, vascular injection	Procedure	CPT-4
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	Procedure	CPT-4
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	Procedure	CPT-4
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	Procedure	CPT-4
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	Procedure	CPT-4
36415	Collection of venous blood by venipuncture	Procedure	CPT-4
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	Procedure	CPT-4
36420	Venipuncture, cutdown; younger than age 1 year	Procedure	CPT-4
36425	Venipuncture, cutdown; age 1 or over	Procedure	CPT-4
36430	Transfusion, blood or blood components	Procedure	CPT-4
36440	Push transfusion, blood, 2 years or younger	Procedure	CPT-4
36450	Exchange transfusion, blood; newborn	Procedure	CPT-4
36455	Exchange transfusion, blood; other than newborn	Procedure	CPT-4
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	Procedure	CPT-4
36460	Transfusion, intrauterine, fetal	Procedure	CPT-4
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Procedure	CPT-4
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Procedure	CPT-4
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Procedure	CPT-4
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Procedure	CPT-4
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Procedure	CPT-4
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Procedure	CPT-4
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Procedure	CPT-4
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Procedure	CPT-4
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Procedure	CPT-4
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Procedure	CPT-4
36481	Percutaneous portal vein catheterization by any method	Procedure	CPT-4
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Procedure	CPT-4
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Procedure	CPT-4
36500	Venous catheterization for selective organ blood sampling	Procedure	CPT-4
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	Procedure	CPT-4
36511	Therapeutic apheresis; for white blood cells	Procedure	CPT-4
36512	Therapeutic apheresis; for red blood cells	Procedure	CPT-4
36513	Therapeutic apheresis; for platelets	Procedure	CPT-4
36514	Therapeutic apheresis; for plasma pheresis	Procedure	CPT-4
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	Procedure	CPT-4
36522	Photopheresis, extracorporeal	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	Procedure	CPT-4
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	Procedure	CPT-4
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	Procedure	CPT-4
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	Procedure	CPT-4
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	Procedure	CPT-4
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	Procedure	CPT-4
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	Procedure	CPT-4
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	Procedure	CPT-4
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	Procedure	CPT-4
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age	Procedure	CPT-4
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older	Procedure	CPT-4
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	Procedure	CPT-4
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	Procedure	CPT-4
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	Procedure	CPT-4
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	Procedure	CPT-4
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	Procedure	CPT-4
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	Procedure	CPT-4
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	Procedure	CPT-4
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	Procedure	CPT-4
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	Procedure	CPT-4
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	Procedure	CPT-4
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	Procedure	CPT-4
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	Procedure	CPT-4
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	Procedure	CPT-4
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	Procedure	CPT-4
36591	Collection of blood specimen from a completely implantable venous access device	Procedure	CPT-4
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	Procedure	CPT-4
36593	Dec clotting by thrombolytic agent of implanted vascular access device or catheter	Procedure	CPT-4
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	Procedure	CPT-4
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	Procedure	CPT-4
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	Procedure	CPT-4
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	Procedure	CPT-4
36600	Arterial puncture, withdrawal of blood for diagnosis	Procedure	CPT-4
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	Procedure	CPT-4
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	Procedure	CPT-4
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	Procedure	CPT-4
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	Procedure	CPT-4
36680	Placement of needle for intraosseous infusion	Procedure	CPT-4
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	Procedure	CPT-4
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	Procedure	CPT-4
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	Procedure	CPT-4
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	Procedure	CPT-4
36820	Arteriovenous anastomosis, open; by forearm vein transposition	Procedure	CPT-4
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	Procedure	CPT-4
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites	Procedure	CPT-4
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	Procedure	CPT-4
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	Procedure	CPT-4
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	Procedure	CPT-4
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	Procedure	CPT-4
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	Procedure	CPT-4
36835	Insertion of Thomas shunt (separate procedure)	Procedure	CPT-4
36838	Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)	Procedure	CPT-4
36860	External cannula declotting (separate procedure); without balloon catheter	Procedure	CPT-4
36861	External cannula declotting (separate procedure); with balloon catheter	Procedure	CPT-4
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;	Procedure	CPT-4
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment	Procedure	CPT-4
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);	Procedure	CPT-4
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	Procedure	CPT-4
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit	Procedure	CPT-4
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)	Procedure	CPT-4
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37140	Venous anastomosis, open; portocaval	Procedure	CPT-4
37145	Venous anastomosis, open; renoportal	Procedure	CPT-4
37160	Venous anastomosis, open; caval-mesenteric	Procedure	CPT-4
37180	Venous anastomosis, open; splenorenal, proximal	Procedure	CPT-4
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	Procedure	CPT-4
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation)	Procedure	CPT-4
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated imaging guidance and documentation)	Procedure	CPT-4
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	Procedure	CPT-4
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure)	Procedure	CPT-4
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	Procedure	CPT-4
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	Procedure	CPT-4
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Procedure	CPT-4
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Procedure	CPT-4
37195	Thrombolysis, cerebral, by intravenous infusion	Procedure	CPT-4
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	Procedure	CPT-4
37200	Transcatheter biopsy	Procedure	CPT-4
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day	Procedure	CPT-4
37212	Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day	Procedure	CPT-4
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;	Procedure	CPT-4
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method	Procedure	CPT-4
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Procedure	CPT-4
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	Procedure	CPT-4
37217	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation	Procedure	CPT-4
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Procedure	CPT-4
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Procedure	CPT-4
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Procedure	CPT-4
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Procedure	CPT-4
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	Procedure	CPT-4
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Procedure	CPT-4
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	Procedure	CPT-4
37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	Procedure	CPT-4
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	Procedure	CPT-4
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)	Procedure	CPT-4
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)	Procedure	CPT-4
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Procedure	CPT-4
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery	Procedure	CPT-4
37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)	Procedure	CPT-4
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	Procedure	CPT-4
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	Procedure	CPT-4
37252	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
37253	Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	Procedure	CPT-4
37501	Unlisted vascular endoscopy procedure	Procedure	CPT-4
37565	Ligation, internal jugular vein	Procedure	CPT-4
37600	Ligation; external carotid artery	Procedure	CPT-4
37605	Ligation; internal or common carotid artery	Procedure	CPT-4
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp	Procedure	CPT-4
37607	Ligation or banding of angioaccess arteriovenous fistula	Procedure	CPT-4
37609	Ligation or biopsy, temporal artery	Procedure	CPT-4
37615	Ligation, major artery (eg, post-traumatic, rupture); neck	Procedure	CPT-4
37616	Ligation, major artery (eg, post-traumatic, rupture); chest	Procedure	CPT-4
37617	Ligation, major artery (eg, post-traumatic, rupture); abdomen	Procedure	CPT-4
37618	Ligation, major artery (eg, post-traumatic, rupture); extremity	Procedure	CPT-4
37619	Ligation of inferior vena cava	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37650	Ligation of femoral vein	Procedure	CPT-4
37660	Ligation of common iliac vein	Procedure	CPT-4
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Procedure	CPT-4
37718	Ligation, division, and stripping, short saphenous vein	Procedure	CPT-4
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Procedure	CPT-4
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	Procedure	CPT-4
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	Procedure	CPT-4
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Procedure	CPT-4
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Procedure	CPT-4
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	Procedure	CPT-4
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Procedure	CPT-4
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Procedure	CPT-4
37788	Penile revascularization, artery, with or without vein graft	Procedure	CPT-4
37790	Penile venous occlusive procedure	Procedure	CPT-4
37799	Unlisted procedure, vascular surgery	Procedure	CPT-4
38100	Splenectomy; total (separate procedure)	Procedure	CPT-4
38101	Splenectomy; partial (separate procedure)	Procedure	CPT-4
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	Procedure	CPT-4
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	Procedure	CPT-4
38120	Laparoscopy, surgical, splenectomy	Procedure	CPT-4
38129	Unlisted laparoscopy procedure, spleen	Procedure	CPT-4
38200	Injection procedure for splenoportography	Procedure	CPT-4
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Procedure	CPT-4
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	Procedure	CPT-4
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	Procedure	CPT-4
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Procedure	CPT-4
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Procedure	CPT-4
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	Procedure	CPT-4
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Procedure	CPT-4
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	Procedure	CPT-4
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Procedure	CPT-4
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Procedure	CPT-4
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Procedure	CPT-4
38220	Diagnostic bone marrow; aspiration(s)	Procedure	CPT-4
38221	Diagnostic bone marrow; biopsy(ies)	Procedure	CPT-4
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Procedure	CPT-4
38230	Bone marrow harvesting for transplantation; allogeneic	Procedure	CPT-4
38232	Bone marrow harvesting for transplantation; autologous	Procedure	CPT-4
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Procedure	CPT-4
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Procedure	CPT-4
38242	Allogeneic lymphocyte infusions	Procedure	CPT-4
38243	Hematopoietic progenitor cell (HPC); HPC boost	Procedure	CPT-4
38300	Drainage of lymph node abscess or lymphadenitis; simple	Procedure	CPT-4
38305	Drainage of lymph node abscess or lymphadenitis; extensive	Procedure	CPT-4
38308	Lymphangiectomy or other operations on lymphatic channels	Procedure	CPT-4
38380	Suture and/or ligation of thoracic duct; cervical approach	Procedure	CPT-4
38381	Suture and/or ligation of thoracic duct; thoracic approach	Procedure	CPT-4
38382	Suture and/or ligation of thoracic duct; abdominal approach	Procedure	CPT-4
38500	Biopsy or excision of lymph node(s); open, superficial	Procedure	CPT-4
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	Procedure	CPT-4
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	Procedure	CPT-4
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	Procedure	CPT-4
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	Procedure	CPT-4
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	Procedure	CPT-4
38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	Procedure	CPT-4
38542	Dissection, deep jugular node(s)	Procedure	CPT-4
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection	Procedure	CPT-4
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection	Procedure	CPT-4
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	Procedure	CPT-4
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	Procedure	CPT-4
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	Procedure	CPT-4
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple	Procedure	CPT-4
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	Procedure	CPT-4
38589	Unlisted laparoscopy procedure, lymphatic system	Procedure	CPT-4
38700	Suprahyoid lymphadenectomy	Procedure	CPT-4
38720	Cervical lymphadenectomy (complete)	Procedure	CPT-4
38724	Cervical lymphadenectomy (modified radical neck dissection)	Procedure	CPT-4
38740	Axillary lymphadenectomy; superficial	Procedure	CPT-4
38745	Axillary lymphadenectomy; complete	Procedure	CPT-4
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	Procedure	CPT-4
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	Procedure	CPT-4
38760	Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	Procedure	CPT-4
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	Procedure	CPT-4
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	Procedure	CPT-4
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	Procedure	CPT-4
38790	Injection procedure; lymphangiography	Procedure	CPT-4
38792	Injection procedure; radioactive tracer for identification of sentinel node	Procedure	CPT-4
38794	Cannulation, thoracic duct	Procedure	CPT-4
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure)	Procedure	CPT-4
38999	Unlisted procedure, hemic or lymphatic system	Procedure	CPT-4
39000	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach	Procedure	CPT-4
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	Procedure	CPT-4
39200	Resection of mediastinal cyst	Procedure	CPT-4
39220	Resection of mediastinal tumor	Procedure	CPT-4
39499	Unlisted procedure, mediastinum	Procedure	CPT-4
39501	Repair, laceration of diaphragm, any approach	Procedure	CPT-4

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Code	Description	Code Category	Code Type
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia	Procedure	CPT-4
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	Procedure	CPT-4
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic	Procedure	CPT-4
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic	Procedure	CPT-4
39560	Resection, diaphragm; with simple repair (eg, primary suture)	Procedure	CPT-4
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)	Procedure	CPT-4
39599	Unlisted procedure, diaphragm	Procedure	CPT-4
40490	Biopsy of lip	Procedure	CPT-4
40500	Vermilionectomy (lip shave), with mucosal advancement	Procedure	CPT-4
40510	Excision of lip; transverse wedge excision with primary closure	Procedure	CPT-4
40520	Excision of lip; V-excision with primary direct linear closure	Procedure	CPT-4
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	Procedure	CPT-4
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	Procedure	CPT-4
40530	Resection of lip, more than one-fourth, without reconstruction	Procedure	CPT-4
40650	Repair lip, full thickness; vermilion only	Procedure	CPT-4
40652	Repair lip, full thickness; up to half vertical height	Procedure	CPT-4
40654	Repair lip, full thickness; over one-half vertical height, or complex	Procedure	CPT-4
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	Procedure	CPT-4
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	Procedure	CPT-4
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	Procedure	CPT-4
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	Procedure	CPT-4
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	Procedure	CPT-4
40799	Unlisted procedure, lips	Procedure	CPT-4
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	Procedure	CPT-4
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	Procedure	CPT-4
40804	Removal of embedded foreign body, vestibule of mouth; simple	Procedure	CPT-4
40805	Removal of embedded foreign body, vestibule of mouth; complicated	Procedure	CPT-4
40806	Incision of labial frenum (frenotomy)	Procedure	CPT-4
40808	Biopsy, vestibule of mouth	Procedure	CPT-4
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	Procedure	CPT-4
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	Procedure	CPT-4
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	Procedure	CPT-4
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	Procedure	CPT-4
40818	Excision of mucosa of vestibule of mouth as donor graft	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)	Procedure	CPT-4
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	Procedure	CPT-4
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	Procedure	CPT-4
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	Procedure	CPT-4
40840	Vestibuloplasty; anterior	Procedure	CPT-4
40842	Vestibuloplasty; posterior, unilateral	Procedure	CPT-4
40843	Vestibuloplasty; posterior, bilateral	Procedure	CPT-4
40844	Vestibuloplasty; entire arch	Procedure	CPT-4
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	Procedure	CPT-4
40899	Unlisted procedure, vestibule of mouth	Procedure	CPT-4
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	Procedure	CPT-4
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	Procedure	CPT-4
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid	Procedure	CPT-4
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	Procedure	CPT-4
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	Procedure	CPT-4
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	Procedure	CPT-4
41010	Incision of lingual frenum (frenotomy)	Procedure	CPT-4
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	Procedure	CPT-4
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	Procedure	CPT-4
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	Procedure	CPT-4
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	Procedure	CPT-4
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Procedure	CPT-4
41100	Biopsy of tongue; anterior two-thirds	Procedure	CPT-4
41105	Biopsy of tongue; posterior one-third	Procedure	CPT-4
41108	Biopsy of floor of mouth	Procedure	CPT-4
41110	Excision of lesion of tongue without closure	Procedure	CPT-4
41112	Excision of lesion of tongue with closure; anterior two-thirds	Procedure	CPT-4
41113	Excision of lesion of tongue with closure; posterior one-third	Procedure	CPT-4
41114	Excision of lesion of tongue with closure; with local tongue flap	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
41115	Excision of lingual frenum (frenectomy)	Procedure	CPT-4
41116	Excision, lesion of floor of mouth	Procedure	CPT-4
41120	Glossectomy; less than one-half tongue	Procedure	CPT-4
41130	Glossectomy; hemiglossectomy	Procedure	CPT-4
41135	Glossectomy; partial, with unilateral radical neck dissection	Procedure	CPT-4
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	Procedure	CPT-4
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	Procedure	CPT-4
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	Procedure	CPT-4
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	Procedure	CPT-4
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	Procedure	CPT-4
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	Procedure	CPT-4
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	Procedure	CPT-4
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	Procedure	CPT-4
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	Procedure	CPT-4
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	Procedure	CPT-4
41512	Tongue base suspension, permanent suture technique	Procedure	CPT-4
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	Procedure	CPT-4
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Procedure	CPT-4
41599	Unlisted procedure, tongue, floor of mouth	Procedure	CPT-4
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	Procedure	CPT-4
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	Procedure	CPT-4
41806	Removal of embedded foreign body from dentoalveolar structures; bone	Procedure	CPT-4
41820	Gingivectomy, excision gingiva, each quadrant	Procedure	CPT-4
41821	Operculectomy, excision pericoronal tissues	Procedure	CPT-4
41822	Excision of fibrous tuberosities, dentoalveolar structures	Procedure	CPT-4
41823	Excision of osseous tuberosities, dentoalveolar structures	Procedure	CPT-4
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	Procedure	CPT-4
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	Procedure	CPT-4
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	Procedure	CPT-4
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	Procedure	CPT-4
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	Procedure	CPT-4
41850	Destruction of lesion (except excision), dentoalveolar structures	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
41870	Periodontal mucosal grafting	Procedure	CPT-4
41872	Gingivoplasty, each quadrant (specify)	Procedure	CPT-4
41874	Alveoloplasty, each quadrant (specify)	Procedure	CPT-4
41899	Unlisted procedure, dentoalveolar structures	Procedure	CPT-4
42000	Drainage of abscess of palate, uvula	Procedure	CPT-4
42100	Biopsy of palate, uvula	Procedure	CPT-4
42104	Excision, lesion of palate, uvula; without closure	Procedure	CPT-4
42106	Excision, lesion of palate, uvula; with simple primary closure	Procedure	CPT-4
42107	Excision, lesion of palate, uvula; with local flap closure	Procedure	CPT-4
42120	Resection of palate or extensive resection of lesion	Procedure	CPT-4
42140	Uvulectomy, excision of uvula	Procedure	CPT-4
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Procedure	CPT-4
42160	Destruction of lesion, palate or uvula (thermal, cryo or chemical)	Procedure	CPT-4
42180	Repair, laceration of palate; up to 2 cm	Procedure	CPT-4
42182	Repair, laceration of palate; over 2 cm or complex	Procedure	CPT-4
42200	Palatoplasty for cleft palate, soft and/or hard palate only	Procedure	CPT-4
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	Procedure	CPT-4
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	Procedure	CPT-4
42215	Palatoplasty for cleft palate; major revision	Procedure	CPT-4
42220	Palatoplasty for cleft palate; secondary lengthening procedure	Procedure	CPT-4
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	Procedure	CPT-4
42226	Lengthening of palate, and pharyngeal flap	Procedure	CPT-4
42227	Lengthening of palate, with island flap	Procedure	CPT-4
42235	Repair of anterior palate, including vomer flap	Procedure	CPT-4
42260	Repair of nasolabial fistula	Procedure	CPT-4
42280	Maxillary impression for palatal prosthesis	Procedure	CPT-4
42281	Insertion of pin-retained palatal prosthesis	Procedure	CPT-4
42299	Unlisted procedure, palate, uvula	Procedure	CPT-4
42300	Drainage of abscess; parotid, simple	Procedure	CPT-4
42305	Drainage of abscess; parotid, complicated	Procedure	CPT-4
42310	Drainage of abscess; submaxillary or sublingual, intraoral	Procedure	CPT-4
42320	Drainage of abscess; submaxillary, external	Procedure	CPT-4
42330	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	Procedure	CPT-4
42335	Sialolithotomy; submandibular (submaxillary), complicated, intraoral	Procedure	CPT-4
42340	Sialolithotomy; parotid, extraoral or complicated intraoral	Procedure	CPT-4
42400	Biopsy of salivary gland; needle	Procedure	CPT-4
42405	Biopsy of salivary gland; incisional	Procedure	CPT-4
42408	Excision of sublingual salivary cyst (ranula)	Procedure	CPT-4
42409	Marsupialization of sublingual salivary cyst (ranula)	Procedure	CPT-4
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	Procedure	CPT-4
42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	Procedure	CPT-4
42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	Procedure	CPT-4
42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	Procedure	CPT-4
42440	Excision of submandibular (submaxillary) gland	Procedure	CPT-4
42450	Excision of sublingual gland	Procedure	CPT-4
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	Procedure	CPT-4
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	Procedure	CPT-4
42507	Parotid duct diversion, bilateral (Wilke type procedure);	Procedure	CPT-4
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	Procedure	CPT-4
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	Procedure	CPT-4
42550	Injection procedure for sialography	Procedure	CPT-4
42600	Closure salivary fistula	Procedure	CPT-4
42650	Dilation salivary duct	Procedure	CPT-4
42660	Dilation and catheterization of salivary duct, with or without injection	Procedure	CPT-4
42665	Ligation salivary duct, intraoral	Procedure	CPT-4
42699	Unlisted procedure, salivary glands or ducts	Procedure	CPT-4
42700	Incision and drainage abscess; peritonsillar	Procedure	CPT-4
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	Procedure	CPT-4
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	Procedure	CPT-4
42800	Biopsy; oropharynx	Procedure	CPT-4
42804	Biopsy; nasopharynx, visible lesion, simple	Procedure	CPT-4
42806	Biopsy; nasopharynx, survey for unknown primary lesion	Procedure	CPT-4
42808	Excision or destruction of lesion of pharynx, any method	Procedure	CPT-4
42809	Removal of foreign body from pharynx	Procedure	CPT-4
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	Procedure	CPT-4
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	Procedure	CPT-4
42820	Tonsillectomy and adenoidectomy; younger than age 12	Procedure	CPT-4
42821	Tonsillectomy and adenoidectomy; age 12 or over	Procedure	CPT-4
42825	Tonsillectomy, primary or secondary; younger than age 12	Procedure	CPT-4
42826	Tonsillectomy, primary or secondary; age 12 or over	Procedure	CPT-4
42830	Adenoidectomy, primary; younger than age 12	Procedure	CPT-4
42831	Adenoidectomy, primary; age 12 or over	Procedure	CPT-4



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
42835	Adenoidectomy, secondary; younger than age 12	Procedure	CPT-4
42836	Adenoidectomy, secondary; age 12 or over	Procedure	CPT-4
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	Procedure	CPT-4
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	Procedure	CPT-4
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	Procedure	CPT-4
42860	Excision of tonsil tags	Procedure	CPT-4
42870	Excision or destruction lingual tonsil, any method (separate procedure)	Procedure	CPT-4
42890	Limited pharyngectomy	Procedure	CPT-4
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	Procedure	CPT-4
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	Procedure	CPT-4
42900	Suture pharynx for wound or injury	Procedure	CPT-4
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	Procedure	CPT-4
42953	Pharyngoesophageal repair	Procedure	CPT-4
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	Procedure	CPT-4
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	Procedure	CPT-4
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	Procedure	CPT-4
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	Procedure	CPT-4
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	Procedure	CPT-4
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	Procedure	CPT-4
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	Procedure	CPT-4
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Procedure	CPT-4
43020	Esophagotomy, cervical approach, with removal of foreign body	Procedure	CPT-4
43030	Cricopharyngeal myotomy	Procedure	CPT-4
43045	Esophagotomy, thoracic approach, with removal of foreign body	Procedure	CPT-4
43100	Excision of lesion, esophagus, with primary repair; cervical approach	Procedure	CPT-4
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach	Procedure	CPT-4
43107	Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagostomy, with or without pyloroplasty (transhiatal)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43108	Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)	Procedure	CPT-4
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)	Procedure	CPT-4
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	Procedure	CPT-4
43116	Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction	Procedure	CPT-4
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)	Procedure	CPT-4
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	Procedure	CPT-4
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty	Procedure	CPT-4
43122	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty	Procedure	CPT-4
43123	Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	Procedure	CPT-4
43124	Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy	Procedure	CPT-4
43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	Procedure	CPT-4
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	Procedure	CPT-4
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Procedure	CPT-4
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	Procedure	CPT-4
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	Procedure	CPT-4
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	Procedure	CPT-4
43194	Esophagoscopy, rigid, transoral; with removal of foreign body(s)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	Procedure	CPT-4
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	Procedure	CPT-4
43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	Procedure	CPT-4
43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Procedure	CPT-4
43202	Esophagoscopy, flexible, transoral; with biopsy, single or multiple	Procedure	CPT-4
43204	Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices	Procedure	CPT-4
43205	Esophagoscopy, flexible, transoral; with band ligation of esophageal varices	Procedure	CPT-4
43206	Esophagoscopy, flexible, transoral; with optical endomicroscopy	Procedure	CPT-4
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Procedure	CPT-4
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	Procedure	CPT-4
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Procedure	CPT-4
43215	Esophagoscopy, flexible, transoral; with removal of foreign body(s)	Procedure	CPT-4
43216	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Procedure	CPT-4
43217	Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Procedure	CPT-4
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	Procedure	CPT-4
43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Procedure	CPT-4
43227	Esophagoscopy, flexible, transoral; with control of bleeding, any method	Procedure	CPT-4
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination	Procedure	CPT-4
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	Procedure	CPT-4
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Procedure	CPT-4
43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	Procedure	CPT-4
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)	Procedure	CPT-4
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Procedure	CPT-4
43240	Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	Procedure	CPT-4
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Procedure	CPT-4
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	Procedure	CPT-4
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Procedure	CPT-4
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Procedure	CPT-4
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Procedure	CPT-4
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Procedure	CPT-4
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)	Procedure	CPT-4
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Procedure	CPT-4
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Procedure	CPT-4
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Procedure	CPT-4
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Procedure	CPT-4
43252	Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)	Procedure	CPT-4
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Procedure	CPT-4
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Procedure	CPT-4
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Procedure	CPT-4
43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	Procedure	CPT-4
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
43261	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	Procedure	CPT-4
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	Procedure	CPT-4
43263	Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	Procedure	CPT-4
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	Procedure	CPT-4
43265	Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	Procedure	CPT-4
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)	Procedure	CPT-4
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	Procedure	CPT-4
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged	Procedure	CPT-4
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	Procedure	CPT-4
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	Procedure	CPT-4
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Procedure	CPT-4
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	Procedure	CPT-4
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Procedure	CPT-4
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Procedure	CPT-4
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	Procedure	CPT-4
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Procedure	CPT-4
43285	Removal of esophageal sphincter augmentation device	Procedure	CPT-4
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	Procedure	CPT-4
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	Procedure	CPT-4
43289	Unlisted laparoscopy procedure, esophagus	Procedure	CPT-4
43300	Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula	Procedure	CPT-4
43305	Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula	Procedure	CPT-4
43310	Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula	Procedure	CPT-4
43312	Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula	Procedure	CPT-4
43313	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula	Procedure	CPT-4
43314	Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula	Procedure	CPT-4
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	Procedure	CPT-4
43325	Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)	Procedure	CPT-4
43327	Esophagogastric fundoplasty partial or complete; laparotomy	Procedure	CPT-4
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	Procedure	CPT-4
43330	Esophagomyotomy (Heller type); abdominal approach	Procedure	CPT-4
43331	Esophagomyotomy (Heller type); thoracic approach	Procedure	CPT-4
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	Procedure	CPT-4
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	Procedure	CPT-4
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	Procedure	CPT-4
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	Procedure	CPT-4
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	Procedure	CPT-4
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	Procedure	CPT-4
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43340	Esophagojejunostomy (without total gastrectomy); abdominal approach	Procedure	CPT-4
43341	Esophagojejunostomy (without total gastrectomy); thoracic approach	Procedure	CPT-4
43351	Esophagostomy, fistulization of esophagus, external; thoracic approach	Procedure	CPT-4
43352	Esophagostomy, fistulization of esophagus, external; cervical approach	Procedure	CPT-4
43360	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty	Procedure	CPT-4
43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	Procedure	CPT-4
43400	Ligation, direct, esophageal varices	Procedure	CPT-4
43401	Transection of esophagus with repair, for esophageal varices	Procedure	CPT-4
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation	Procedure	CPT-4
43410	Suture of esophageal wound or injury; cervical approach	Procedure	CPT-4
43415	Suture of esophageal wound or injury; transthoracic or transabdominal approach	Procedure	CPT-4
43420	Closure of esophagostomy or fistula; cervical approach	Procedure	CPT-4
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	Procedure	CPT-4
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	Procedure	CPT-4
43453	Dilation of esophagus, over guide wire	Procedure	CPT-4
43460	Esophagogastric tamponade, with balloon (Sengstaken type)	Procedure	CPT-4
43496	Free jejunum transfer with microvascular anastomosis	Procedure	CPT-4
43499	Unlisted procedure, esophagus	Procedure	CPT-4
43500	Gastrotomy; with exploration or foreign body removal	Procedure	CPT-4
43501	Gastrotomy; with suture repair of bleeding ulcer	Procedure	CPT-4
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)	Procedure	CPT-4
43510	Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)	Procedure	CPT-4
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)	Procedure	CPT-4
43605	Biopsy of stomach, by laparotomy	Procedure	CPT-4
43610	Excision, local; ulcer or benign tumor of stomach	Procedure	CPT-4
43611	Excision, local; malignant tumor of stomach	Procedure	CPT-4
43620	Gastrectomy, total; with esophagoenterostomy	Procedure	CPT-4
43621	Gastrectomy, total; with Roux-en-Y reconstruction	Procedure	CPT-4
43622	Gastrectomy, total; with formation of intestinal pouch, any type	Procedure	CPT-4
43631	Gastrectomy, partial, distal; with gastroduodenostomy	Procedure	CPT-4
43632	Gastrectomy, partial, distal; with gastrojejunostomy	Procedure	CPT-4
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	Procedure	CPT-4
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)	Procedure	CPT-4
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	Procedure	CPT-4
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	Procedure	CPT-4
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Procedure	CPT-4
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Procedure	CPT-4
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Procedure	CPT-4
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Procedure	CPT-4
43651	Laparoscopy, surgical; transection of vagus nerves, truncal	Procedure	CPT-4
43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective	Procedure	CPT-4
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	Procedure	CPT-4
43659	Unlisted laparoscopy procedure, stomach	Procedure	CPT-4
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	Procedure	CPT-4
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	Procedure	CPT-4
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	Procedure	CPT-4
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	Procedure	CPT-4
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	Procedure	CPT-4
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	Procedure	CPT-4
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	Procedure	CPT-4
43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	Procedure	CPT-4
43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	Procedure	CPT-4
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	Procedure	CPT-4
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	Procedure	CPT-4
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	Procedure	CPT-4
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	Procedure	CPT-4
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Procedure	CPT-4
43800	Pyloroplasty	Procedure	CPT-4
43810	Gastroduodenostomy	Procedure	CPT-4
43820	Gastrojejunostomy; without vagotomy	Procedure	CPT-4
43825	Gastrojejunostomy; with vagotomy, any type	Procedure	CPT-4
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	Procedure	CPT-4
43831	Gastrostomy, open; neonatal, for feeding	Procedure	CPT-4
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	Procedure	CPT-4
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	Procedure	CPT-4
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Procedure	CPT-4
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Procedure	CPT-4
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Procedure	CPT-4
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Procedure	CPT-4
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Procedure	CPT-4
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Procedure	CPT-4
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Procedure	CPT-4
43855	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy	Procedure	CPT-4
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Procedure	CPT-4
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
43870	Closure of gastrostomy, surgical	Procedure	CPT-4
43880	Closure of gastrocolic fistula	Procedure	CPT-4
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Procedure	CPT-4
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Procedure	CPT-4
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Procedure	CPT-4
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Procedure	CPT-4
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Procedure	CPT-4
43999	Unlisted procedure, stomach	Procedure	CPT-4
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)	Procedure	CPT-4
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal	Procedure	CPT-4
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	Procedure	CPT-4
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal	Procedure	CPT-4
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)	Procedure	CPT-4
44025	Colotomy, for exploration, biopsy(s), or foreign body removal	Procedure	CPT-4
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	Procedure	CPT-4
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)	Procedure	CPT-4
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)	Procedure	CPT-4
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	Procedure	CPT-4
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies	Procedure	CPT-4
44120	Enterectomy, resection of small intestine; single resection and anastomosis	Procedure	CPT-4
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	Procedure	CPT-4
44125	Enterectomy, resection of small intestine; with enterostomy	Procedure	CPT-4
44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	Procedure	CPT-4
44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	Procedure	CPT-4
44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	Procedure	CPT-4
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	Procedure	CPT-4
44132	Donor enterectomy (including cold preservation), open; from cadaver donor	Procedure	CPT-4
44133	Donor enterectomy (including cold preservation), open; partial, from living donor	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
44135	Intestinal allotransplantation; from cadaver donor	Procedure	CPT-4
44136	Intestinal allotransplantation; from living donor	Procedure	CPT-4
44137	Removal of transplanted intestinal allograft, complete	Procedure	CPT-4
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	Procedure	CPT-4
44140	Colectomy, partial; with anastomosis	Procedure	CPT-4
44141	Colectomy, partial; with skin level cecostomy or colostomy	Procedure	CPT-4
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	Procedure	CPT-4
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	Procedure	CPT-4
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	Procedure	CPT-4
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	Procedure	CPT-4
44147	Colectomy, partial; abdominal and transanal approach	Procedure	CPT-4
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	Procedure	CPT-4
44151	Colectomy, total, abdominal, without proctectomy; with continent ileostomy	Procedure	CPT-4
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	Procedure	CPT-4
44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	Procedure	CPT-4
44157	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	Procedure	CPT-4
44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	Procedure	CPT-4
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	Procedure	CPT-4
44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	Procedure	CPT-4
44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	Procedure	CPT-4
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	Procedure	CPT-4
44188	Laparoscopy, surgical, colostomy or skin level cecostomy	Procedure	CPT-4
44202	Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	Procedure	CPT-4
44203	Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	Procedure	CPT-4
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Procedure	CPT-4
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	Procedure	CPT-4
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	Procedure	CPT-4
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	Procedure	CPT-4
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	Procedure	CPT-4
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	Procedure	CPT-4
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	Procedure	CPT-4
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	Procedure	CPT-4
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	Procedure	CPT-4
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Procedure	CPT-4
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)	Procedure	CPT-4
44310	Ileostomy or jejunostomy, non-tube	Procedure	CPT-4
44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)	Procedure	CPT-4
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	Procedure	CPT-4
44316	Continent ileostomy (Kock procedure) (separate procedure)	Procedure	CPT-4
44320	Colostomy or skin level cecostomy;	Procedure	CPT-4
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)	Procedure	CPT-4
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)	Procedure	CPT-4
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	Procedure	CPT-4
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	Procedure	CPT-4
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	Procedure	CPT-4
44363	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)	Procedure	CPT-4
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Procedure	CPT-4
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Procedure	CPT-4
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	Procedure	CPT-4
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	Procedure	CPT-4
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Procedure	CPT-4
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	Procedure	CPT-4
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Procedure	CPT-4
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
44380	Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	Procedure	CPT-4
44382	Ileoscopy, through stoma; with biopsy, single or multiple	Procedure	CPT-4
44384	Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
44385	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
44386	Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple	Procedure	CPT-4
44388	Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
44389	Colonoscopy through stoma; with biopsy, single or multiple	Procedure	CPT-4
44390	Colonoscopy through stoma; with removal of foreign body(s)	Procedure	CPT-4
44391	Colonoscopy through stoma; with control of bleeding, any method	Procedure	CPT-4
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Procedure	CPT-4
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
44402	Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
44403	Colonoscopy through stoma; with endoscopic mucosal resection	Procedure	CPT-4
44404	Colonoscopy through stoma; with directed submucosal injection(s), any substance	Procedure	CPT-4
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	Procedure	CPT-4
44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Procedure	CPT-4
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Procedure	CPT-4
44408	Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Procedure	CPT-4
44500	Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	Procedure	CPT-4
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	Procedure	CPT-4
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations	Procedure	CPT-4
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy	Procedure	CPT-4
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy	Procedure	CPT-4
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction	Procedure	CPT-4
44620	Closure of enterostomy, large or small intestine;	Procedure	CPT-4
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	Procedure	CPT-4
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	Procedure	CPT-4
44640	Closure of intestinal cutaneous fistula	Procedure	CPT-4
44650	Closure of enteroenteric or enterocolic fistula	Procedure	CPT-4
44660	Closure of enterovesical fistula; without intestinal or bladder resection	Procedure	CPT-4
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	Procedure	CPT-4
44680	Intestinal plication (separate procedure)	Procedure	CPT-4
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
44701	Intraoperative colonic lavage (List separately in addition to code for primary procedure)	Procedure	CPT-4
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Procedure	CPT-4
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	Procedure	CPT-4
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	Procedure	CPT-4
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	Procedure	CPT-4
44799	Unlisted procedure, small intestine	Procedure	CPT-4
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	Procedure	CPT-4
44820	Excision of lesion of mesentery (separate procedure)	Procedure	CPT-4
44850	Suture of mesentery (separate procedure)	Procedure	CPT-4
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	Procedure	CPT-4
44900	Incision and drainage of appendiceal abscess, open	Procedure	CPT-4
44950	Appendectomy;	Procedure	CPT-4
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	Procedure	CPT-4
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	Procedure	CPT-4
44970	Laparoscopy, surgical, appendectomy	Procedure	CPT-4
44979	Unlisted laparoscopy procedure, appendix	Procedure	CPT-4
45000	Transrectal drainage of pelvic abscess	Procedure	CPT-4
45005	Incision and drainage of submucosal abscess, rectum	Procedure	CPT-4
45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	Procedure	CPT-4
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)	Procedure	CPT-4
45108	Anorectal myomectomy	Procedure	CPT-4
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	Procedure	CPT-4
45111	Proctectomy; partial resection of rectum, transabdominal approach	Procedure	CPT-4
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	Procedure	CPT-4
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	Procedure	CPT-4
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach	Procedure	CPT-4
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)	Procedure	CPT-4
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)	Procedure	CPT-4
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies	Procedure	CPT-4
45123	Proctectomy, partial, without anastomosis, perineal approach	Procedure	CPT-4
45126	Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof	Procedure	CPT-4
45130	Excision of rectal procidentia, with anastomosis; perineal approach	Procedure	CPT-4
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	Procedure	CPT-4
45136	Excision of ileoanal reservoir with ileostomy	Procedure	CPT-4
45150	Division of stricture of rectum	Procedure	CPT-4
45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	Procedure	CPT-4
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	Procedure	CPT-4
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	Procedure	CPT-4
45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	Procedure	CPT-4
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Procedure	CPT-4
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)	Procedure	CPT-4
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple	Procedure	CPT-4
45307	Proctosigmoidoscopy, rigid; with removal of foreign body	Procedure	CPT-4
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	Procedure	CPT-4
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique	Procedure	CPT-4
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Procedure	CPT-4
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)	Procedure	CPT-4
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus	Procedure	CPT-4
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
45330	Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple	Procedure	CPT-4
45332	Sigmoidoscopy, flexible; with removal of foreign body(s)	Procedure	CPT-4
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Procedure	CPT-4
45334	Sigmoidoscopy, flexible; with control of bleeding, any method	Procedure	CPT-4
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	Procedure	CPT-4
45337	Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Procedure	CPT-4
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Procedure	CPT-4
45340	Sigmoidoscopy, flexible; with transendoscopic balloon dilation	Procedure	CPT-4
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	Procedure	CPT-4
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	Procedure	CPT-4
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	Procedure	CPT-4
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	Procedure	CPT-4
45378	Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
45379	Colonoscopy, flexible; with removal of foreign body(s)	Procedure	CPT-4
45380	Colonoscopy, flexible; with biopsy, single or multiple	Procedure	CPT-4
45381	Colonoscopy, flexible; with directed submucosal injection(s), any substance	Procedure	CPT-4
45382	Colonoscopy, flexible; with control of bleeding, any method	Procedure	CPT-4
45384	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps	Procedure	CPT-4
45385	Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Procedure	CPT-4
45386	Colonoscopy, flexible; with transendoscopic balloon dilation	Procedure	CPT-4
45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Procedure	CPT-4
45390	Colonoscopy, flexible; with endoscopic mucosal resection	Procedure	CPT-4
45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	Procedure	CPT-4
45393	Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Procedure	CPT-4
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	Procedure	CPT-4
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	Procedure	CPT-4
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	Procedure	CPT-4
45399	Unlisted procedure, colon	Procedure	CPT-4
45400	Laparoscopy, surgical; proctopexy (for prolapse)	Procedure	CPT-4
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	Procedure	CPT-4
45499	Unlisted laparoscopy procedure, rectum	Procedure	CPT-4
45500	Proctoplasty; for stenosis	Procedure	CPT-4
45505	Proctoplasty; for prolapse of mucous membrane	Procedure	CPT-4
45520	Perirectal injection of sclerosing solution for prolapse	Procedure	CPT-4
45540	Proctopexy (eg, for prolapse); abdominal approach	Procedure	CPT-4
45541	Proctopexy (eg, for prolapse); perineal approach	Procedure	CPT-4
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	Procedure	CPT-4
45560	Repair of rectocele (separate procedure)	Procedure	CPT-4
45562	Exploration, repair, and presacral drainage for rectal injury;	Procedure	CPT-4
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	Procedure	CPT-4
45800	Closure of rectovesical fistula;	Procedure	CPT-4
45805	Closure of rectovesical fistula; with colostomy	Procedure	CPT-4
45820	Closure of rectourethral fistula;	Procedure	CPT-4
45825	Closure of rectourethral fistula; with colostomy	Procedure	CPT-4
45900	Reduction of procidentia (separate procedure) under anesthesia	Procedure	CPT-4
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	Procedure	CPT-4
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	Procedure	CPT-4
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	Procedure	CPT-4
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	Procedure	CPT-4
45999	Unlisted procedure, rectum	Procedure	CPT-4
46020	Placement of seton	Procedure	CPT-4
46030	Removal of anal seton, other marker	Procedure	CPT-4
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	Procedure	CPT-4
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	Procedure	CPT-4
46050	Incision and drainage, perianal abscess, superficial	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	Procedure	CPT-4
46070	Incision, anal septum (infant)	Procedure	CPT-4
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	Procedure	CPT-4
46083	Incision of thrombosed hemorrhoid, external	Procedure	CPT-4
46200	Fissurectomy, including sphincterotomy, when performed	Procedure	CPT-4
46220	Excision of single external papilla or tag, anus	Procedure	CPT-4
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	Procedure	CPT-4
46230	Excision of multiple external papillae or tags, anus	Procedure	CPT-4
46250	Hemorrhoidectomy, external, 2 or more columns/groups	Procedure	CPT-4
46255	Hemorrhoidectomy, internal and external, single column/group;	Procedure	CPT-4
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	Procedure	CPT-4
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	Procedure	CPT-4
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	Procedure	CPT-4
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	Procedure	CPT-4
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	Procedure	CPT-4
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	Procedure	CPT-4
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	Procedure	CPT-4
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	Procedure	CPT-4
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	Procedure	CPT-4
46288	Closure of anal fistula with rectal advancement flap	Procedure	CPT-4
46320	Excision of thrombosed hemorrhoid, external	Procedure	CPT-4
46500	Injection of sclerosing solution, hemorrhoids	Procedure	CPT-4
46505	Chemodenervation of internal anal sphincter	Procedure	CPT-4
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Procedure	CPT-4
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Procedure	CPT-4
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	Procedure	CPT-4
46606	Anoscopy; with biopsy, single or multiple	Procedure	CPT-4
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Procedure	CPT-4
46608	Anoscopy; with removal of foreign body	Procedure	CPT-4
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	Procedure	CPT-4
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Procedure	CPT-4
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
46700	Anoplasty, plastic operation for stricture; adult	Procedure	CPT-4
46705	Anoplasty, plastic operation for stricture; infant	Procedure	CPT-4
46706	Repair of anal fistula with fibrin glue	Procedure	CPT-4
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	Procedure	CPT-4
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	Procedure	CPT-4
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach	Procedure	CPT-4
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	Procedure	CPT-4
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	Procedure	CPT-4
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach	Procedure	CPT-4
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	Procedure	CPT-4
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	Procedure	CPT-4
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	Procedure	CPT-4
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	Procedure	CPT-4
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	Procedure	CPT-4
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	Procedure	CPT-4
46750	Sphincteroplasty, anal, for incontinence or prolapse; adult	Procedure	CPT-4
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	Procedure	CPT-4
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	Procedure	CPT-4
46754	Removal of Thiersch wire or suture, anal canal	Procedure	CPT-4
46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant	Procedure	CPT-4
46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	Procedure	CPT-4
46762	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter	Procedure	CPT-4
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	Procedure	CPT-4
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	Procedure	CPT-4
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	Procedure	CPT-4
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	Procedure	CPT-4
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Procedure	CPT-4
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	Procedure	CPT-4
46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial	Procedure	CPT-4
46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent	Procedure	CPT-4
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	Procedure	CPT-4
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	Procedure	CPT-4
46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling	Procedure	CPT-4
46999	Unlisted procedure, anus	Procedure	CPT-4
47000	Biopsy of liver, needle; percutaneous	Procedure	CPT-4
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	Procedure	CPT-4
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	Procedure	CPT-4
47100	Biopsy of liver, wedge	Procedure	CPT-4
47120	Hepatectomy, resection of liver; partial lobectomy	Procedure	CPT-4
47122	Hepatectomy, resection of liver; trisegmentectomy	Procedure	CPT-4
47125	Hepatectomy, resection of liver; total left lobectomy	Procedure	CPT-4
47130	Hepatectomy, resection of liver; total right lobectomy	Procedure	CPT-4
47133	Donor hepatectomy (including cold preservation), from cadaver donor	Procedure	CPT-4
47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
47140	Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	Procedure	CPT-4
47141	Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
47142	Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	Procedure	CPT-4
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	Procedure	CPT-4
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	Procedure	CPT-4
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	Procedure	CPT-4
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	Procedure	CPT-4
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	Procedure	CPT-4
47300	Marsupialization of cyst or abscess of liver	Procedure	CPT-4
47350	Management of liver hemorrhage; simple suture of liver wound or injury	Procedure	CPT-4
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation	Procedure	CPT-4
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver	Procedure	CPT-4
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing	Procedure	CPT-4
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	Procedure	CPT-4
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	Procedure	CPT-4
47379	Unlisted laparoscopic procedure, liver	Procedure	CPT-4
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	Procedure	CPT-4
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	Procedure	CPT-4
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	Procedure	CPT-4
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Procedure	CPT-4
47399	Unlisted procedure, liver	Procedure	CPT-4
47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	Procedure	CPT-4
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty	Procedure	CPT-4
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)	Procedure	CPT-4
47480	Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)	Procedure	CPT-4
47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation	Procedure	CPT-4
47538	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access	Procedure	CPT-4
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	Procedure	CPT-4
47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)	Procedure	CPT-4
47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4
47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)	Procedure	CPT-4
47552	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)	Procedure	CPT-4
47553	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple	Procedure	CPT-4
47554	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi	Procedure	CPT-4
47555	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent	Procedure	CPT-4
47556	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent	Procedure	CPT-4
47562	Laparoscopy, surgical; cholecystectomy	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	Procedure	CPT-4
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	Procedure	CPT-4
47570	Laparoscopy, surgical; cholecystoenterostomy	Procedure	CPT-4
47579	Unlisted laparoscopy procedure, biliary tract	Procedure	CPT-4
47600	Cholecystectomy;	Procedure	CPT-4
47605	Cholecystectomy; with cholangiography	Procedure	CPT-4
47610	Cholecystectomy with exploration of common duct;	Procedure	CPT-4
47612	Cholecystectomy with exploration of common duct; with choledochenterostomy	Procedure	CPT-4
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography	Procedure	CPT-4
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography	Procedure	CPT-4
47701	Portoenterostomy (eg, Kasai procedure)	Procedure	CPT-4
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic	Procedure	CPT-4
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic	Procedure	CPT-4
47715	Excision of choledochal cyst	Procedure	CPT-4
47720	Cholecystoenterostomy; direct	Procedure	CPT-4
47721	Cholecystoenterostomy; with gastroenterostomy	Procedure	CPT-4
47740	Cholecystoenterostomy; Roux-en-Y	Procedure	CPT-4
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy	Procedure	CPT-4
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract	Procedure	CPT-4
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract	Procedure	CPT-4
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	Procedure	CPT-4
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract	Procedure	CPT-4
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis	Procedure	CPT-4
47801	Placement of choledochal stent	Procedure	CPT-4
47802	U-tube hepaticoenterostomy	Procedure	CPT-4
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	Procedure	CPT-4
47999	Unlisted procedure, biliary tract	Procedure	CPT-4
48000	Placement of drains, peripancreatic, for acute pancreatitis;	Procedure	CPT-4
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	Procedure	CPT-4
48020	Removal of pancreatic calculus	Procedure	CPT-4
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	Procedure	CPT-4
48102	Biopsy of pancreas, percutaneous needle	Procedure	CPT-4
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis	Procedure	CPT-4
48120	Excision of lesion of pancreas (eg, cyst, adenoma)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	Procedure	CPT-4
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy	Procedure	CPT-4
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)	Procedure	CPT-4
48148	Excision of ampulla of Vater	Procedure	CPT-4
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	Procedure	CPT-4
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy	Procedure	CPT-4
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy	Procedure	CPT-4
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy	Procedure	CPT-4
48155	Pancreatectomy, total	Procedure	CPT-4
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Procedure	CPT-4
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)	Procedure	CPT-4
48500	Marsupialization of pancreatic cyst	Procedure	CPT-4
48510	External drainage, pseudocyst of pancreas, open	Procedure	CPT-4
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct	Procedure	CPT-4
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y	Procedure	CPT-4
48545	Pancreatorrhaphy for injury	Procedure	CPT-4
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	Procedure	CPT-4
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)	Procedure	CPT-4
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	Procedure	CPT-4
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	Procedure	CPT-4
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	Procedure	CPT-4
48554	Transplantation of pancreatic allograft	Procedure	CPT-4
48556	Removal of transplanted pancreatic allograft	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
48999	Unlisted procedure, pancreas	Procedure	CPT-4
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	Procedure	CPT-4
49002	Reopening of recent laparotomy	Procedure	CPT-4
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)	Procedure	CPT-4
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open	Procedure	CPT-4
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	Procedure	CPT-4
49060	Drainage of retroperitoneal abscess, open	Procedure	CPT-4
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	Procedure	CPT-4
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	Procedure	CPT-4
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	Procedure	CPT-4
49084	Peritoneal lavage, including imaging guidance, when performed	Procedure	CPT-4
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	Procedure	CPT-4
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	Procedure	CPT-4
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	Procedure	CPT-4
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter	Procedure	CPT-4
49215	Excision of presacral or sacrococcygeal tumor	Procedure	CPT-4
49220	Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)	Procedure	CPT-4
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	Procedure	CPT-4
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	Procedure	CPT-4
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Procedure	CPT-4
49321	Laparoscopy, surgical; with biopsy (single or multiple)	Procedure	CPT-4
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	Procedure	CPT-4
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity	Procedure	CPT-4
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	Procedure	CPT-4
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	Procedure	CPT-4
49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Procedure	CPT-4
49400	Injection of air or contrast into peritoneal cavity (separate procedure)	Procedure	CPT-4
49402	Removal of peritoneal foreign body from peritoneal cavity	Procedure	CPT-4
49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous	Procedure	CPT-4
49406	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	Procedure	CPT-4
49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	Procedure	CPT-4
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Procedure	CPT-4
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	Procedure	CPT-4
49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous	Procedure	CPT-4
49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	Procedure	CPT-4
49421	Insertion of tunneled intraperitoneal catheter for dialysis, open	Procedure	CPT-4
49422	Removal of tunneled intraperitoneal catheter	Procedure	CPT-4
49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)	Procedure	CPT-4
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	Procedure	CPT-4
49425	Insertion of peritoneal-venous shunt	Procedure	CPT-4
49426	Revision of peritoneal-venous shunt	Procedure	CPT-4
49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt	Procedure	CPT-4
49428	Ligation of peritoneal-venous shunt	Procedure	CPT-4
49429	Removal of peritoneal-venous shunt	Procedure	CPT-4
49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter	Procedure	CPT-4
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Procedure	CPT-4
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report	Procedure	CPT-4
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	Procedure	CPT-4
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	Procedure	CPT-4
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	Procedure	CPT-4
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	Procedure	CPT-4
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	Procedure	CPT-4
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	Procedure	CPT-4
49505	Repair initial inguinal hernia, age 5 years or older; reducible	Procedure	CPT-4
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	Procedure	CPT-4
49520	Repair recurrent inguinal hernia, any age; reducible	Procedure	CPT-4
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	Procedure	CPT-4
49525	Repair inguinal hernia, sliding, any age	Procedure	CPT-4
49540	Repair lumbar hernia	Procedure	CPT-4
49550	Repair initial femoral hernia, any age; reducible	Procedure	CPT-4
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	Procedure	CPT-4
49555	Repair recurrent femoral hernia; reducible	Procedure	CPT-4
49557	Repair recurrent femoral hernia; incarcerated or strangulated	Procedure	CPT-4
49560	Repair initial incisional or ventral hernia; reducible	Procedure	CPT-4
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	Procedure	CPT-4
49565	Repair recurrent incisional or ventral hernia; reducible	Procedure	CPT-4
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	Procedure	CPT-4
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	Procedure	CPT-4
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	Procedure	CPT-4
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	Procedure	CPT-4
49580	Repair umbilical hernia, younger than age 5 years; reducible	Procedure	CPT-4
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	Procedure	CPT-4
49585	Repair umbilical hernia, age 5 years or older; reducible	Procedure	CPT-4
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	Procedure	CPT-4
49590	Repair spigelian hernia	Procedure	CPT-4
49600	Repair of small omphalocele, with primary closure	Procedure	CPT-4
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	Procedure	CPT-4
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	Procedure	CPT-4
49610	Repair of omphalocele (Gross type operation); first stage	Procedure	CPT-4
49611	Repair of omphalocele (Gross type operation); second stage	Procedure	CPT-4
49650	Laparoscopy, surgical; repair initial inguinal hernia	Procedure	CPT-4
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	Procedure	CPT-4
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Procedure	CPT-4
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Procedure	CPT-4
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Procedure	CPT-4
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	Procedure	CPT-4
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Procedure	CPT-4
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Procedure	CPT-4
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	Procedure	CPT-4
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	Procedure	CPT-4
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	Procedure	CPT-4
49906	Free omental flap with microvascular anastomosis	Procedure	CPT-4
49999	Unlisted procedure, abdomen, peritoneum and omentum	Procedure	CPT-4
50010	Renal exploration, not necessitating other specific procedures	Procedure	CPT-4
50020	Drainage of perirenal or renal abscess, open	Procedure	CPT-4
50040	Nephrostomy, nephrotomy with drainage	Procedure	CPT-4
50045	Nephrotomy, with exploration	Procedure	CPT-4
50060	Nephrolithotomy; removal of calculus	Procedure	CPT-4
50065	Nephrolithotomy; secondary surgical operation for calculus	Procedure	CPT-4
50070	Nephrolithotomy; complicated by congenital kidney abnormality	Procedure	CPT-4
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatrohic pyelolithotomy)	Procedure	CPT-4
50080	Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	Procedure	CPT-4
50081	Percutaneous nephrostolithotomy or pyelolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	Procedure	CPT-4
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	Procedure	CPT-4
50120	Pyelotomy; with exploration	Procedure	CPT-4
50125	Pyelotomy; with drainage, pyelostomy	Procedure	CPT-4
50130	Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)	Procedure	CPT-4
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)	Procedure	CPT-4
50200	Renal biopsy; percutaneous, by trocar or needle	Procedure	CPT-4
50205	Renal biopsy; by surgical exposure of kidney	Procedure	CPT-4
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;	Procedure	CPT-4
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	Procedure	CPT-4
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	Procedure	CPT-4
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision	Procedure	CPT-4
50236	Nephrectomy with total ureterectomy and bladder cuff; through separate incision	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50240	Nephrectomy, partial	Procedure	CPT-4
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	Procedure	CPT-4
50280	Excision or unroofing of cyst(s) of kidney	Procedure	CPT-4
50290	Excision of perinephric cyst	Procedure	CPT-4
50300	Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	Procedure	CPT-4
50320	Donor nephrectomy (including cold preservation); open, from living donor	Procedure	CPT-4
50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Procedure	CPT-4
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	Procedure	CPT-4
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	Procedure	CPT-4
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	Procedure	CPT-4
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	Procedure	CPT-4
50340	Recipient nephrectomy (separate procedure)	Procedure	CPT-4
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Procedure	CPT-4
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Procedure	CPT-4
50370	Removal of transplanted renal allograft	Procedure	CPT-4
50380	Renal autotransplantation, reimplantation of kidney	Procedure	CPT-4
50382	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	Procedure	CPT-4
50384	Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation	Procedure	CPT-4
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	Procedure	CPT-4
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	Procedure	CPT-4
50387	Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation	Procedure	CPT-4
50389	Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50390	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous	Procedure	CPT-4
50391	Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)	Procedure	CPT-4
50395	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous	Procedure	CPT-4
50396	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	Procedure	CPT-4
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	Procedure	CPT-4
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycooplasty)	Procedure	CPT-4
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Procedure	CPT-4
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Procedure	CPT-4
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Procedure	CPT-4
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Procedure	CPT-4
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Procedure	CPT-4
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Procedure	CPT-4
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	Procedure	CPT-4
50500	Nephrorrhaphy, suture of kidney wound or injury	Procedure	CPT-4
50520	Closure of nephrocutaneous or pyelocutaneous fistula	Procedure	CPT-4
50525	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach	Procedure	CPT-4
50526	Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach	Procedure	CPT-4
50540	Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)	Procedure	CPT-4
50541	Laparoscopy, surgical; ablation of renal cysts	Procedure	CPT-4
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	Procedure	CPT-4
50543	Laparoscopy, surgical; partial nephrectomy	Procedure	CPT-4
50544	Laparoscopy, surgical; pyeloplasty	Procedure	CPT-4
50545	Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	Procedure	CPT-4
50546	Laparoscopy, surgical; nephrectomy, including partial ureterectomy	Procedure	CPT-4
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	Procedure	CPT-4
50548	Laparoscopy, surgical; nephrectomy with total ureterectomy	Procedure	CPT-4
50549	Unlisted laparoscopy procedure, renal	Procedure	CPT-4
50551	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Procedure	CPT-4
50553	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	Procedure	CPT-4
50555	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	Procedure	CPT-4
50557	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	Procedure	CPT-4
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50562	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor	Procedure	CPT-4
50570	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Procedure	CPT-4
50572	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	Procedure	CPT-4
50574	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	Procedure	CPT-4
50575	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent)	Procedure	CPT-4
50576	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	Procedure	CPT-4
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	Procedure	CPT-4
50590	Lithotripsy, extracorporeal shock wave	Procedure	CPT-4
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Procedure	CPT-4
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Procedure	CPT-4
50600	Ureterotomy with exploration or drainage (separate procedure)	Procedure	CPT-4
50605	Ureterotomy for insertion of indwelling stent, all types	Procedure	CPT-4
50610	Ureterolithotomy; upper one-third of ureter	Procedure	CPT-4
50620	Ureterolithotomy; middle one-third of ureter	Procedure	CPT-4
50630	Ureterolithotomy; lower one-third of ureter	Procedure	CPT-4
50650	Ureterectomy, with bladder cuff (separate procedure)	Procedure	CPT-4
50660	Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach	Procedure	CPT-4
50684	Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter	Procedure	CPT-4
50686	Manometric studies through ureterostomy or indwelling ureteral catheter	Procedure	CPT-4
50688	Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit	Procedure	CPT-4
50690	Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service	Procedure	CPT-4
50700	Ureteroplasty, plastic operation on ureter (eg, stricture)	Procedure	CPT-4
50715	Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis	Procedure	CPT-4
50722	Ureterolysis for ovarian vein syndrome	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50725	Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava	Procedure	CPT-4
50727	Revision of urinary-cutaneous anastomosis (any type urostomy);	Procedure	CPT-4
50728	Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia	Procedure	CPT-4
50740	Ureteropyelostomy, anastomosis of ureter and renal pelvis	Procedure	CPT-4
50750	Ureterocalycostomy, anastomosis of ureter to renal calyx	Procedure	CPT-4
50760	Ureteroureterostomy	Procedure	CPT-4
50770	Transureteroureterostomy, anastomosis of ureter to contralateral ureter	Procedure	CPT-4
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder	Procedure	CPT-4
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder	Procedure	CPT-4
50783	Ureteroneocystostomy; with extensive ureteral tailoring	Procedure	CPT-4
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	Procedure	CPT-4
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine	Procedure	CPT-4
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis	Procedure	CPT-4
50815	Ureterocolon conduit, including intestine anastomosis	Procedure	CPT-4
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	Procedure	CPT-4
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)	Procedure	CPT-4
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)	Procedure	CPT-4
50840	Replacement of all or part of ureter by intestine segment, including intestine anastomosis	Procedure	CPT-4
50845	Cutaneous appendico-vesicostomy	Procedure	CPT-4
50860	Ureterostomy, transplantation of ureter to skin	Procedure	CPT-4
50900	Ureterorrhaphy, suture of ureter (separate procedure)	Procedure	CPT-4
50920	Closure of ureterocutaneous fistula	Procedure	CPT-4
50930	Closure of ureterovisceral fistula (including visceral repair)	Procedure	CPT-4
50940	Deligation of ureter	Procedure	CPT-4
50945	Laparoscopy, surgical; ureterolithotomy	Procedure	CPT-4
50947	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement	Procedure	CPT-4
50948	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	Procedure	CPT-4
50949	Unlisted laparoscopy procedure, ureter	Procedure	CPT-4
50951	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50953	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	Procedure	CPT-4
50955	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	Procedure	CPT-4
50957	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	Procedure	CPT-4
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	Procedure	CPT-4
50970	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Procedure	CPT-4
50972	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter	Procedure	CPT-4
50974	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy	Procedure	CPT-4
50976	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy	Procedure	CPT-4
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus	Procedure	CPT-4
51020	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material	Procedure	CPT-4
51030	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion	Procedure	CPT-4
51040	Cystostomy, cystotomy with drainage	Procedure	CPT-4
51045	Cystotomy, with insertion of ureteral catheter or stent (separate procedure)	Procedure	CPT-4
51050	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	Procedure	CPT-4
51060	Transvesical ureterolithotomy	Procedure	CPT-4
51065	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus	Procedure	CPT-4
51080	Drainage of perivesical or prevesical space abscess	Procedure	CPT-4
51100	Aspiration of bladder; by needle	Procedure	CPT-4
51101	Aspiration of bladder; by trocar or intracatheter	Procedure	CPT-4
51102	Aspiration of bladder; with insertion of suprapubic catheter	Procedure	CPT-4
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair	Procedure	CPT-4
51520	Cystotomy; for simple excision of vesical neck (separate procedure)	Procedure	CPT-4
51525	Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
51530	Cystotomy; for excision of bladder tumor	Procedure	CPT-4
51535	Cystotomy for excision, incision, or repair of ureterocele	Procedure	CPT-4
51550	Cystectomy, partial; simple	Procedure	CPT-4
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)	Procedure	CPT-4
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	Procedure	CPT-4
51570	Cystectomy, complete; (separate procedure)	Procedure	CPT-4
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;	Procedure	CPT-4
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	Procedure	CPT-4
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	Procedure	CPT-4
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Procedure	CPT-4
51600	Injection procedure for cystography or voiding urethrocytography	Procedure	CPT-4
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	Procedure	CPT-4
51610	Injection procedure for retrograde urethrocytography	Procedure	CPT-4
51700	Bladder irrigation, simple, lavage and/or instillation	Procedure	CPT-4
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	Procedure	CPT-4
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	Procedure	CPT-4
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	Procedure	CPT-4
51705	Change of cystostomy tube; simple	Procedure	CPT-4
51710	Change of cystostomy tube; complicated	Procedure	CPT-4
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Procedure	CPT-4
51720	Bladder instillation of anticarcinogenic agent (including retention time)	Procedure	CPT-4
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
51726	Complex cystometrogram (ie, calibrated electronic equipment);	Procedure	CPT-4
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	Procedure	CPT-4
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	Procedure	CPT-4
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	Procedure	CPT-4
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	Procedure	CPT-4
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	Procedure	CPT-4
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	Procedure	CPT-4
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	Procedure	CPT-4
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	Procedure	CPT-4
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	Procedure	CPT-4
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	Procedure	CPT-4
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	Procedure	CPT-4
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	Procedure	CPT-4
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	Procedure	CPT-4
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	Procedure	CPT-4
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	Procedure	CPT-4
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	Procedure	CPT-4
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	Procedure	CPT-4
51880	Closure of cystostomy (separate procedure)	Procedure	CPT-4
51900	Closure of vesicovaginal fistula, abdominal approach	Procedure	CPT-4
51920	Closure of vesicouterine fistula;	Procedure	CPT-4
51925	Closure of vesicouterine fistula; with hysterectomy	Procedure	CPT-4
51940	Closure, exstrophy of bladder	Procedure	CPT-4
51960	Enterocystoplasty, including intestinal anastomosis	Procedure	CPT-4
51980	Cutaneous vesicostomy	Procedure	CPT-4
51990	Laparoscopy, surgical; urethral suspension for stress incontinence	Procedure	CPT-4
51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
51999	Unlisted laparoscopy procedure, bladder	Procedure	CPT-4
52000	Cystourethroscopy (separate procedure)	Procedure	CPT-4
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	Procedure	CPT-4
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Procedure	CPT-4
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	Procedure	CPT-4
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	Procedure	CPT-4
52204	Cystourethroscopy, with biopsy(s)	Procedure	CPT-4
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	Procedure	CPT-4
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Procedure	CPT-4
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	Procedure	CPT-4
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	Procedure	CPT-4
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	Procedure	CPT-4
52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	Procedure	CPT-4
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	Procedure	CPT-4
52265	Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	Procedure	CPT-4
52270	Cystourethroscopy, with internal urethrotomy; female	Procedure	CPT-4
52275	Cystourethroscopy, with internal urethrotomy; male	Procedure	CPT-4
52276	Cystourethroscopy with direct vision internal urethrotomy	Procedure	CPT-4
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	Procedure	CPT-4
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	Procedure	CPT-4
52282	Cystourethroscopy, with insertion of permanent urethral stent	Procedure	CPT-4
52283	Cystourethroscopy, with steroid injection into stricture	Procedure	CPT-4
52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone	Procedure	CPT-4
52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	Procedure	CPT-4
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
52300	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	Procedure	CPT-4
52301	Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral	Procedure	CPT-4
52305	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple	Procedure	CPT-4
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	Procedure	CPT-4
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	Procedure	CPT-4
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	Procedure	CPT-4
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	Procedure	CPT-4
52320	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus	Procedure	CPT-4
52325	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	Procedure	CPT-4
52327	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	Procedure	CPT-4
52330	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus	Procedure	CPT-4
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Procedure	CPT-4
52334	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde	Procedure	CPT-4
52341	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	Procedure	CPT-4
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Procedure	CPT-4
52343	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	Procedure	CPT-4
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	Procedure	CPT-4
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Procedure	CPT-4
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)	Procedure	CPT-4
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Procedure	CPT-4
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Procedure	CPT-4
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	Procedure	CPT-4
52355	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	Procedure	CPT-4
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Procedure	CPT-4
52400	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds	Procedure	CPT-4
52402	Cystourethroscopy with transurethral resection or incision of ejaculatory ducts	Procedure	CPT-4
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Procedure	CPT-4
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	Procedure	CPT-4
52450	Transurethral incision of prostate	Procedure	CPT-4
52500	Transurethral resection of bladder neck (separate procedure)	Procedure	CPT-4
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	Procedure	CPT-4
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	Procedure	CPT-4
52640	Transurethral resection; of postoperative bladder neck contracture	Procedure	CPT-4
52647	Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)	Procedure	CPT-4
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Procedure	CPT-4
52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Procedure	CPT-4
52700	Transurethral drainage of prostatic abscess	Procedure	CPT-4
53000	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra	Procedure	CPT-4
53010	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external	Procedure	CPT-4
53020	Meatotomy, cutting of meatus (separate procedure); except infant	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
53025	Meatotomy, cutting of meatus (separate procedure); infant	Procedure	CPT-4
53040	Drainage of deep periurethral abscess	Procedure	CPT-4
53060	Drainage of Skene's gland abscess or cyst	Procedure	CPT-4
53080	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)	Procedure	CPT-4
53085	Drainage of perineal urinary extravasation; complicated	Procedure	CPT-4
53200	Biopsy of urethra	Procedure	CPT-4
53210	Urethrectomy, total, including cystostomy; female	Procedure	CPT-4
53215	Urethrectomy, total, including cystostomy; male	Procedure	CPT-4
53220	Excision or fulguration of carcinoma of urethra	Procedure	CPT-4
53230	Excision of urethral diverticulum (separate procedure); female	Procedure	CPT-4
53235	Excision of urethral diverticulum (separate procedure); male	Procedure	CPT-4
53240	Marsupialization of urethral diverticulum, male or female	Procedure	CPT-4
53250	Excision of bulbourethral gland (Cowper's gland)	Procedure	CPT-4
53260	Excision or fulguration; urethral polyp(s), distal urethra	Procedure	CPT-4
53265	Excision or fulguration; urethral caruncle	Procedure	CPT-4
53270	Excision or fulguration; Skene's glands	Procedure	CPT-4
53275	Excision or fulguration; urethral prolapse	Procedure	CPT-4
53400	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johannsen type)	Procedure	CPT-4
53405	Urethroplasty; second stage (formation of urethra), including urinary diversion	Procedure	CPT-4
53410	Urethroplasty, 1-stage reconstruction of male anterior urethra	Procedure	CPT-4
53415	Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra	Procedure	CPT-4
53420	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage	Procedure	CPT-4
53425	Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage	Procedure	CPT-4
53430	Urethroplasty, reconstruction of female urethra	Procedure	CPT-4
53431	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)	Procedure	CPT-4
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	Procedure	CPT-4
53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	Procedure	CPT-4
53444	Insertion of tandem cuff (dual cuff)	Procedure	CPT-4
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	Procedure	CPT-4
53446	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Procedure	CPT-4
53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session	Procedure	CPT-4
53448	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
53449	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Procedure	CPT-4
53450	Urethromeatoplasty, with mucosal advancement	Procedure	CPT-4
53460	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	Procedure	CPT-4
53500	Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)	Procedure	CPT-4
53502	Urethrorrhaphy, suture of urethral wound or injury, female	Procedure	CPT-4
53505	Urethrorrhaphy, suture of urethral wound or injury; penile	Procedure	CPT-4
53510	Urethrorrhaphy, suture of urethral wound or injury; perineal	Procedure	CPT-4
53515	Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous	Procedure	CPT-4
53520	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	Procedure	CPT-4
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	Procedure	CPT-4
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	Procedure	CPT-4
53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	Procedure	CPT-4
53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	Procedure	CPT-4
53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	Procedure	CPT-4
53660	Dilation of female urethra including suppository and/or instillation; initial	Procedure	CPT-4
53661	Dilation of female urethra including suppository and/or instillation; subsequent	Procedure	CPT-4
53665	Dilation of female urethra, general or conduction (spinal) anesthesia	Procedure	CPT-4
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	Procedure	CPT-4
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Procedure	CPT-4
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Procedure	CPT-4
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Procedure	CPT-4
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Procedure	CPT-4
53899	Unlisted procedure, urinary system	Procedure	CPT-4
54000	Slitting of prepuce, dorsal or lateral (separate procedure); newborn	Procedure	CPT-4
54001	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn	Procedure	CPT-4
54015	Incision and drainage of penis, deep	Procedure	CPT-4
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	Procedure	CPT-4
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	Procedure	CPT-4
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	Procedure	CPT-4
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	Procedure	CPT-4
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Procedure	CPT-4
54100	Biopsy of penis; (separate procedure)	Procedure	CPT-4
54105	Biopsy of penis; deep structures	Procedure	CPT-4
54110	Excision of penile plaque (Peyronie disease);	Procedure	CPT-4
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	Procedure	CPT-4
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	Procedure	CPT-4
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	Procedure	CPT-4
54120	Amputation of penis; partial	Procedure	CPT-4
54125	Amputation of penis; complete	Procedure	CPT-4
54130	Amputation of penis, radical; with bilateral inguinofemoral lymphadenectomy	Procedure	CPT-4
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	Procedure	CPT-4
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	Procedure	CPT-4
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Procedure	CPT-4
54162	Lysis or excision of penile post-circumcision adhesions	Procedure	CPT-4
54163	Repair incomplete circumcision	Procedure	CPT-4
54164	Frenulotomy of penis	Procedure	CPT-4
54200	Injection procedure for Peyronie disease;	Procedure	CPT-4
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	Procedure	CPT-4
54220	Irrigation of corpora cavernosa for priapism	Procedure	CPT-4
54230	Injection procedure for corpora cavernosography	Procedure	CPT-4
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	Procedure	CPT-4
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	Procedure	CPT-4
54240	Penile plethysmography	Procedure	CPT-4
54250	Nocturnal penile tumescence and/or rigidity test	Procedure	CPT-4
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	Procedure	CPT-4
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	Procedure	CPT-4
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	Procedure	CPT-4
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	Procedure	CPT-4
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	Procedure	CPT-4
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	Procedure	CPT-4
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuccial flap)	Procedure	CPT-4
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	Procedure	CPT-4
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	Procedure	CPT-4
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	Procedure	CPT-4
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	Procedure	CPT-4
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Procedure	CPT-4
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	Procedure	CPT-4
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)	Procedure	CPT-4
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	Procedure	CPT-4
54360	Plastic operation on penis to correct angulation	Procedure	CPT-4
54380	Plastic operation on penis for epispadias distal to external sphincter;	Procedure	CPT-4
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence	Procedure	CPT-4
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder	Procedure	CPT-4
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Procedure	CPT-4
54401	Insertion of penile prosthesis; inflatable (self-contained)	Procedure	CPT-4
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Procedure	CPT-4
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Procedure	CPT-4
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Procedure	CPT-4
54411	Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Procedure	CPT-4
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Procedure	CPT-4
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Procedure	CPT-4
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	Procedure	CPT-4
54420	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral	Procedure	CPT-4
54430	Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral	Procedure	CPT-4
54435	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism	Procedure	CPT-4
54440	Plastic operation of penis for injury	Procedure	CPT-4
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	Procedure	CPT-4
54500	Biopsy of testis, needle (separate procedure)	Procedure	CPT-4
54505	Biopsy of testis, incisional (separate procedure)	Procedure	CPT-4
54512	Excision of extraparenchymal lesion of testis	Procedure	CPT-4
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Procedure	CPT-4
54522	Orchiectomy, partial	Procedure	CPT-4
54530	Orchiectomy, radical, for tumor; inguinal approach	Procedure	CPT-4
54535	Orchiectomy, radical, for tumor; with abdominal exploration	Procedure	CPT-4
54550	Exploration for undescended testis (inguinal or scrotal area)	Procedure	CPT-4
54560	Exploration for undescended testis with abdominal exploration	Procedure	CPT-4
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	Procedure	CPT-4
54620	Fixation of contralateral testis (separate procedure)	Procedure	CPT-4
54640	Orchiopexy, inguinal approach, with or without hernia repair	Procedure	CPT-4
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	Procedure	CPT-4
54660	Insertion of testicular prosthesis (separate procedure)	Procedure	CPT-4
54670	Suture or repair of testicular injury	Procedure	CPT-4
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	Procedure	CPT-4
54690	Laparoscopy, surgical; orchiectomy	Procedure	CPT-4
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	Procedure	CPT-4
54699	Unlisted laparoscopy procedure, testis	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	Procedure	CPT-4
54800	Biopsy of epididymis, needle	Procedure	CPT-4
54830	Excision of local lesion of epididymis	Procedure	CPT-4
54840	Excision of spermatocele, with or without epididymectomy	Procedure	CPT-4
54860	Epididymectomy; unilateral	Procedure	CPT-4
54861	Epididymectomy; bilateral	Procedure	CPT-4
54865	Exploration of epididymis, with or without biopsy	Procedure	CPT-4
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	Procedure	CPT-4
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	Procedure	CPT-4
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	Procedure	CPT-4
55040	Excision of hydrocele; unilateral	Procedure	CPT-4
55041	Excision of hydrocele; bilateral	Procedure	CPT-4
55060	Repair of tunica vaginalis hydrocele (Bottle type)	Procedure	CPT-4
55100	Drainage of scrotal wall abscess	Procedure	CPT-4
55110	Scrotal exploration	Procedure	CPT-4
55120	Removal of foreign body in scrotum	Procedure	CPT-4
55150	Resection of scrotum	Procedure	CPT-4
55175	Scrotoplasty; simple	Procedure	CPT-4
55180	Scrotoplasty; complicated	Procedure	CPT-4
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	Procedure	CPT-4
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	Procedure	CPT-4
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	Procedure	CPT-4
55400	Vasovasostomy, vasovasorrhaphy	Procedure	CPT-4
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	Procedure	CPT-4
55520	Excision of lesion of spermatic cord (separate procedure)	Procedure	CPT-4
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	Procedure	CPT-4
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	Procedure	CPT-4
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair	Procedure	CPT-4
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	Procedure	CPT-4
55559	Unlisted laparoscopy procedure, spermatic cord	Procedure	CPT-4
55600	Vesiculotomy;	Procedure	CPT-4
55605	Vesiculotomy; complicated	Procedure	CPT-4
55650	Vesiculectomy, any approach	Procedure	CPT-4
55680	Excision of Mullerian duct cyst	Procedure	CPT-4
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	Procedure	CPT-4



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
55705	Biopsy, prostate; incisional, any approach	Procedure	CPT-4
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Procedure	CPT-4
55720	Prostatotomy, external drainage of prostatic abscess, any approach; simple	Procedure	CPT-4
55725	Prostatotomy, external drainage of prostatic abscess, any approach; complicated	Procedure	CPT-4
55801	Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)	Procedure	CPT-4
55810	Prostatectomy, perineal radical;	Procedure	CPT-4
55812	Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	CPT-4
55815	Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
55821	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	Procedure	CPT-4
55831	Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal	Procedure	CPT-4
55840	Prostatectomy, retropubic radical, with or without nerve sparing;	Procedure	CPT-4
55842	Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	CPT-4
55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Procedure	CPT-4
55860	Exposure of prostate, any approach, for insertion of radioactive substance;	Procedure	CPT-4
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Procedure	CPT-4
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Procedure	CPT-4
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Procedure	CPT-4
55870	Electroejaculation	Procedure	CPT-4
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	Procedure	CPT-4
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Procedure	CPT-4
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Procedure	CPT-4
55876	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Procedure	CPT-4
55899	Unlisted procedure, male genital system	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Procedure	CPT-4
55970	Intersex surgery; male to female	Procedure	CPT-4
55980	Intersex surgery; female to male	Procedure	CPT-4
56405	Incision and drainage of vulva or perineal abscess	Procedure	CPT-4
56420	Incision and drainage of Bartholin's gland abscess	Procedure	CPT-4
56440	Marsupialization of Bartholin's gland cyst	Procedure	CPT-4
56441	Lysis of labial adhesions	Procedure	CPT-4
56442	Hymenotomy, simple incision	Procedure	CPT-4
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Procedure	CPT-4
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Procedure	CPT-4
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	Procedure	CPT-4
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
56620	Vulvectomy simple; partial	Procedure	CPT-4
56625	Vulvectomy simple; complete	Procedure	CPT-4
56630	Vulvectomy, radical, partial;	Procedure	CPT-4
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	Procedure	CPT-4
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	Procedure	CPT-4
56633	Vulvectomy, radical, complete;	Procedure	CPT-4
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	Procedure	CPT-4
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	Procedure	CPT-4
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	Procedure	CPT-4
56700	Partial hymenectomy or revision of hymenal ring	Procedure	CPT-4
56740	Excision of Bartholin's gland or cyst	Procedure	CPT-4
56800	Plastic repair of introitus	Procedure	CPT-4
56805	Clitoroplasty for intersex state	Procedure	CPT-4
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Procedure	CPT-4
56820	Colposcopy of the vulva;	Procedure	CPT-4
56821	Colposcopy of the vulva; with biopsy(s)	Procedure	CPT-4
57000	Colpotomy; with exploration	Procedure	CPT-4
57010	Colpotomy; with drainage of pelvic abscess	Procedure	CPT-4
57020	Colpocentesis (separate procedure)	Procedure	CPT-4
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	Procedure	CPT-4
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	Procedure	CPT-4
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Procedure	CPT-4
57100	Biopsy of vaginal mucosa; simple (separate procedure)	Procedure	CPT-4
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	Procedure	CPT-4
57106	Vaginectomy, partial removal of vaginal wall;	Procedure	CPT-4
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Procedure	CPT-4
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	Procedure	CPT-4
57110	Vaginectomy, complete removal of vaginal wall;	Procedure	CPT-4
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	Procedure	CPT-4
57112	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	Procedure	CPT-4
57120	Colpocleisis (Le Fort type)	Procedure	CPT-4
57130	Excision of vaginal septum	Procedure	CPT-4
57135	Excision of vaginal cyst or tumor	Procedure	CPT-4
57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease	Procedure	CPT-4
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Procedure	CPT-4
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Procedure	CPT-4
57160	Fitting and insertion of pessary or other intravaginal support device	Procedure	CPT-4
57170	Diaphragm or cervical cap fitting with instructions	Procedure	CPT-4
57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)	Procedure	CPT-4
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	Procedure	CPT-4
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	Procedure	CPT-4
57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)	Procedure	CPT-4
57230	Plastic repair of urethrocele	Procedure	CPT-4
57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Procedure	CPT-4
57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Procedure	CPT-4
57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	Procedure	CPT-4
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Procedure	CPT-4
57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
57268	Repair of enterocele, vaginal approach (separate procedure)	Procedure	CPT-4
57270	Repair of enterocele, abdominal approach (separate procedure)	Procedure	CPT-4
57280	Colpopexy, abdominal approach	Procedure	CPT-4
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	Procedure	CPT-4
57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	Procedure	CPT-4
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	Procedure	CPT-4
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	Procedure	CPT-4
57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	Procedure	CPT-4
57288	Sling operation for stress incontinence (eg, fascia or synthetic)	Procedure	CPT-4
57289	Pereyra procedure, including anterior colporrhaphy	Procedure	CPT-4
57291	Construction of artificial vagina; without graft	Procedure	CPT-4
57292	Construction of artificial vagina; with graft	Procedure	CPT-4
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Procedure	CPT-4
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Procedure	CPT-4
57300	Closure of rectovaginal fistula; vaginal or transanal approach	Procedure	CPT-4
57305	Closure of rectovaginal fistula; abdominal approach	Procedure	CPT-4
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	Procedure	CPT-4
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	Procedure	CPT-4
57310	Closure of urethrovaginal fistula;	Procedure	CPT-4
57311	Closure of urethrovaginal fistula; with bulboavernosus transplant	Procedure	CPT-4
57320	Closure of vesicovaginal fistula; vaginal approach	Procedure	CPT-4
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	Procedure	CPT-4
57335	Vaginoplasty for intersex state	Procedure	CPT-4
57400	Dilation of vagina under anesthesia (other than local)	Procedure	CPT-4
57410	Pelvic examination under anesthesia (other than local)	Procedure	CPT-4
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	Procedure	CPT-4
57420	Colposcopy of the entire vagina, with cervix if present;	Procedure	CPT-4
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	Procedure	CPT-4
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Procedure	CPT-4
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Procedure	CPT-4
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Procedure	CPT-4
57452	Colposcopy of the cervix including upper/adjacent vagina;	Procedure	CPT-4
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	Procedure	CPT-4
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	Procedure	CPT-4
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	Procedure	CPT-4
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	Procedure	CPT-4
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	Procedure	CPT-4
57505	Endocervical curettage (not done as part of a dilation and curettage)	Procedure	CPT-4
57510	Cautery of cervix; electro or thermal	Procedure	CPT-4
57511	Cautery of cervix; cryocautery, initial or repeat	Procedure	CPT-4
57513	Cautery of cervix; laser ablation	Procedure	CPT-4
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	Procedure	CPT-4
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	Procedure	CPT-4
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	Procedure	CPT-4
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	Procedure	CPT-4
57540	Excision of cervical stump, abdominal approach;	Procedure	CPT-4
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	Procedure	CPT-4
57550	Excision of cervical stump, vaginal approach;	Procedure	CPT-4
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	Procedure	CPT-4
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	Procedure	CPT-4
57558	Dilation and curettage of cervical stump	Procedure	CPT-4
57700	Cerclage of uterine cervix, nonobstetrical	Procedure	CPT-4
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	Procedure	CPT-4
57800	Dilation of cervical canal, instrumental (separate procedure)	Procedure	CPT-4
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	Procedure	CPT-4
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	Procedure	CPT-4
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	Procedure	CPT-4
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	Procedure	CPT-4
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	Procedure	CPT-4
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Procedure	CPT-4
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Procedure	CPT-4
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Procedure	CPT-4
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Procedure	CPT-4
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Procedure	CPT-4
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	Procedure	CPT-4
58260	Vaginal hysterectomy, for uterus 250 g or less;	Procedure	CPT-4
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Procedure	CPT-4
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Procedure	CPT-4
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Procedure	CPT-4
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Procedure	CPT-4
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Procedure	CPT-4
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Procedure	CPT-4
58285	Vaginal hysterectomy, radical (Schauta type operation)	Procedure	CPT-4
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Procedure	CPT-4
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Procedure	CPT-4
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Procedure	CPT-4
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Procedure	CPT-4
58300	Insertion of intrauterine device (IUD)	Procedure	CPT-4
58301	Removal of intrauterine device (IUD)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
58321	Artificial insemination; intra-cervical	Procedure	CPT-4
58322	Artificial insemination; intra-uterine	Procedure	CPT-4
58323	Sperm washing for artificial insemination	Procedure	CPT-4
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	Procedure	CPT-4
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	Procedure	CPT-4
58346	Insertion of Heyman capsules for clinical brachytherapy	Procedure	CPT-4
58350	Chromotubation of oviduct, including materials	Procedure	CPT-4
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Procedure	CPT-4
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed	Procedure	CPT-4
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	Procedure	CPT-4
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy	Procedure	CPT-4
58520	Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)	Procedure	CPT-4
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	Procedure	CPT-4
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Procedure	CPT-4
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Procedure	CPT-4
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas	Procedure	CPT-4
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g	Procedure	CPT-4
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	Procedure	CPT-4
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Procedure	CPT-4
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Procedure	CPT-4
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58555	Hysteroscopy, diagnostic (separate procedure)	Procedure	CPT-4
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Procedure	CPT-4
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	Procedure	CPT-4
58561	Hysteroscopy, surgical; with removal of leiomyomata	Procedure	CPT-4
58562	Hysteroscopy, surgical; with removal of impacted foreign body	Procedure	CPT-4
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Procedure	CPT-4
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Procedure	CPT-4
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Procedure	CPT-4
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Procedure	CPT-4
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Procedure	CPT-4
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Procedure	CPT-4
58578	Unlisted laparoscopy procedure, uterus	Procedure	CPT-4
58579	Unlisted hysteroscopy procedure, uterus	Procedure	CPT-4
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	Procedure	CPT-4
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	Procedure	CPT-4
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Procedure	CPT-4
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	Procedure	CPT-4
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Procedure	CPT-4
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Procedure	CPT-4
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	Procedure	CPT-4
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	Procedure	CPT-4
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)	Procedure	CPT-4
58672	Laparoscopy, surgical; with fimbrioplasty	Procedure	CPT-4
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	Procedure	CPT-4
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
58679	Unlisted laparoscopy procedure, oviduct, ovary	Procedure	CPT-4
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	Procedure	CPT-4
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Procedure	CPT-4
58740	Lysis of adhesions (salpingolysis, ovariolysis)	Procedure	CPT-4
58750	Tubotubal anastomosis	Procedure	CPT-4
58752	Tubouterine implantation	Procedure	CPT-4
58760	Fimbrioplasty	Procedure	CPT-4
58770	Salpingostomy (salpingoneostomy)	Procedure	CPT-4
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	Procedure	CPT-4
58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach	Procedure	CPT-4
58820	Drainage of ovarian abscess; vaginal approach, open	Procedure	CPT-4
58822	Drainage of ovarian abscess; abdominal approach	Procedure	CPT-4
58825	Transposition, ovary(s)	Procedure	CPT-4
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	Procedure	CPT-4
58920	Wedge resection or bisection of ovary, unilateral or bilateral	Procedure	CPT-4
58925	Ovarian cystectomy, unilateral or bilateral	Procedure	CPT-4
58940	Oophorectomy, partial or total, unilateral or bilateral;	Procedure	CPT-4
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy	Procedure	CPT-4
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;	Procedure	CPT-4
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy	Procedure	CPT-4
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)	Procedure	CPT-4
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	Procedure	CPT-4
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Procedure	CPT-4
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	Procedure	CPT-4
58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	Procedure	CPT-4
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	Procedure	CPT-4
58970	Follicle puncture for oocyte retrieval, any method	Procedure	CPT-4
58974	Embryo transfer, intrauterine	Procedure	CPT-4
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	Procedure	CPT-4
58999	Unlisted procedure, female genital system (nonobstetrical)	Procedure	CPT-4
59000	Amniocentesis; diagnostic	Procedure	CPT-4
59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)	Procedure	CPT-4
59012	Cordocentesis (intrauterine), any method	Procedure	CPT-4
59015	Chorionic villus sampling, any method	Procedure	CPT-4
59020	Fetal contraction stress test	Procedure	CPT-4
59025	Fetal non-stress test	Procedure	CPT-4
59030	Fetal scalp blood sampling	Procedure	CPT-4
59050	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation	Procedure	CPT-4
59051	Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only	Procedure	CPT-4
59070	Transabdominal amnioinfusion, including ultrasound guidance	Procedure	CPT-4
59072	Fetal umbilical cord occlusion, including ultrasound guidance	Procedure	CPT-4
59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance	Procedure	CPT-4
59076	Fetal shunt placement, including ultrasound guidance	Procedure	CPT-4
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	Procedure	CPT-4
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	Procedure	CPT-4
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	Procedure	CPT-4
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	Procedure	CPT-4
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	Procedure	CPT-4
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	Procedure	CPT-4
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	Procedure	CPT-4
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	Procedure	CPT-4
59160	Curettage, postpartum	Procedure	CPT-4
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	Procedure	CPT-4
59300	Episiotomy or vaginal repair, by other than attending	Procedure	CPT-4
59320	Cerclage of cervix, during pregnancy; vaginal	Procedure	CPT-4
59325	Cerclage of cervix, during pregnancy; abdominal	Procedure	CPT-4
59350	Hysterorrhaphy of ruptured uterus	Procedure	CPT-4
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	Procedure	CPT-4
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	Procedure	CPT-4
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59412	External cephalic version, with or without tocolysis	Procedure	CPT-4
59414	Delivery of placenta (separate procedure)	Procedure	CPT-4
59425	Antepartum care only; 4-6 visits	Procedure	CPT-4
59426	Antepartum care only; 7 or more visits	Procedure	CPT-4
59430	Postpartum care only (separate procedure)	Procedure	CPT-4
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Procedure	CPT-4
59514	Cesarean delivery only;	Procedure	CPT-4
59515	Cesarean delivery only; including postpartum care	Procedure	CPT-4
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	Procedure	CPT-4
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	Procedure	CPT-4
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	Procedure	CPT-4
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	Procedure	CPT-4
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Procedure	CPT-4
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	Procedure	CPT-4
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Procedure	CPT-4
59812	Treatment of incomplete abortion, any trimester, completed surgically	Procedure	CPT-4
59820	Treatment of missed abortion, completed surgically; first trimester	Procedure	CPT-4
59821	Treatment of missed abortion, completed surgically; second trimester	Procedure	CPT-4
59830	Treatment of septic abortion, completed surgically	Procedure	CPT-4
59840	Induced abortion, by dilation and curettage	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
59841	Induced abortion, by dilation and evacuation	Procedure	CPT-4
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	Procedure	CPT-4
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Procedure	CPT-4
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	Procedure	CPT-4
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	Procedure	CPT-4
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Procedure	CPT-4
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	Procedure	CPT-4
59866	Multifetal pregnancy reduction(s) (MPR)	Procedure	CPT-4
59870	Uterine evacuation and curettage for hydatidiform mole	Procedure	CPT-4
59871	Removal of cerclage suture under anesthesia (other than local)	Procedure	CPT-4
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Procedure	CPT-4
59898	Unlisted laparoscopy procedure, maternity care and delivery	Procedure	CPT-4
59899	Unlisted procedure, maternity care and delivery	Procedure	CPT-4
60000	Incision and drainage of thyroglossal duct cyst, infected	Procedure	CPT-4
60100	Biopsy thyroid, percutaneous core needle	Procedure	CPT-4
60200	Excision of cyst or adenoma of thyroid, or transection of isthmus	Procedure	CPT-4
60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy	Procedure	CPT-4
60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Procedure	CPT-4
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	Procedure	CPT-4
60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	Procedure	CPT-4
60240	Thyroidectomy, total or complete	Procedure	CPT-4
60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	Procedure	CPT-4
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	Procedure	CPT-4
60260	Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid	Procedure	CPT-4
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	Procedure	CPT-4
60271	Thyroidectomy, including substernal thyroid; cervical approach	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
60280	Excision of thyroglossal duct cyst or sinus;	Procedure	CPT-4
60281	Excision of thyroglossal duct cyst or sinus; recurrent	Procedure	CPT-4
60300	Aspiration and/or injection, thyroid cyst	Procedure	CPT-4
60500	Parathyroidectomy or exploration of parathyroid(s);	Procedure	CPT-4
60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration	Procedure	CPT-4
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	Procedure	CPT-4
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	Procedure	CPT-4
60520	Thymectomy, partial or total; transcervical approach (separate procedure)	Procedure	CPT-4
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	Procedure	CPT-4
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	Procedure	CPT-4
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	Procedure	CPT-4
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor	Procedure	CPT-4
60600	Excision of carotid body tumor; without excision of carotid artery	Procedure	CPT-4
60605	Excision of carotid body tumor; with excision of carotid artery	Procedure	CPT-4
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	Procedure	CPT-4
60659	Unlisted laparoscopy procedure, endocrine system	Procedure	CPT-4
60699	Unlisted procedure, endocrine system	Procedure	CPT-4
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial	Procedure	CPT-4
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps	Procedure	CPT-4
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection	Procedure	CPT-4
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment	Procedure	CPT-4
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)	Procedure	CPT-4
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment	Procedure	CPT-4
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure	Procedure	CPT-4
61105	Twist drill hole for subdural or ventricular puncture	Procedure	CPT-4
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61108	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma	Procedure	CPT-4
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)	Procedure	CPT-4
61140	Burr hole(s) or trephine; with biopsy of brain or intracranial lesion	Procedure	CPT-4
61150	Burr hole(s) or trephine; with drainage of brain abscess or cyst	Procedure	CPT-4
61151	Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	Procedure	CPT-4
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	Procedure	CPT-4
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral	Procedure	CPT-4
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	Procedure	CPT-4
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	Procedure	CPT-4
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery	Procedure	CPT-4
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral	Procedure	CPT-4
61304	Craniectomy or craniotomy, exploratory; supratentorial	Procedure	CPT-4
61305	Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	Procedure	CPT-4
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	Procedure	CPT-4
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	Procedure	CPT-4
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	Procedure	CPT-4
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	Procedure	CPT-4
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
61320	Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	Procedure	CPT-4
61321	Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	Procedure	CPT-4
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy	Procedure	CPT-4
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy	Procedure	CPT-4
61330	Decompression of orbit only, transcranial approach	Procedure	CPT-4
61332	Exploration of orbit (transcranial approach); with biopsy	Procedure	CPT-4
61333	Exploration of orbit (transcranial approach); with removal of lesion	Procedure	CPT-4
61340	Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	Procedure	CPT-4
61345	Other cranial decompression, posterior fossa	Procedure	CPT-4
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion	Procedure	CPT-4
61458	Craniectomy, suboccipital; for exploration or decompression of cranial nerves	Procedure	CPT-4
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves	Procedure	CPT-4
61480	Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy	Procedure	CPT-4
61500	Craniectomy; with excision of tumor or other bone lesion of skull	Procedure	CPT-4
61501	Craniectomy; for osteomyelitis	Procedure	CPT-4
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	Procedure	CPT-4
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	Procedure	CPT-4
61514	Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	Procedure	CPT-4
61516	Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial	Procedure	CPT-4
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	Procedure	CPT-4
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	Procedure	CPT-4
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	Procedure	CPT-4
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	Procedure	CPT-4
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	Procedure	CPT-4
61522	Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	Procedure	CPT-4
61524	Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	Procedure	CPT-4
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;	Procedure	CPT-4
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy	Procedure	CPT-4
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring	Procedure	CPT-4
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring	Procedure	CPT-4
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)	Procedure	CPT-4
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)	Procedure	CPT-4
61537	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery	Procedure	CPT-4
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery	Procedure	CPT-4
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery	Procedure	CPT-4
61540	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery	Procedure	CPT-4
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum	Procedure	CPT-4
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy	Procedure	CPT-4
61544	Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus	Procedure	CPT-4
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma	Procedure	CPT-4
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach	Procedure	CPT-4
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic	Procedure	CPT-4
61550	Craniectomy for craniostylosis; single cranial suture	Procedure	CPT-4
61552	Craniectomy for craniostylosis; multiple cranial sutures	Procedure	CPT-4
61556	Craniotomy for craniostylosis; frontal or parietal bone flap	Procedure	CPT-4
61557	Craniotomy for craniostylosis; bifrontal bone flap	Procedure	CPT-4
61558	Extensive craniectomy for multiple cranial suture craniostylosis (eg, cloverleaf skull); not requiring bone grafts	Procedure	CPT-4
61559	Extensive craniectomy for multiple cranial suture craniostylosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)	Procedure	CPT-4
61563	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression	Procedure	CPT-4
61564	Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression	Procedure	CPT-4
61566	Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy	Procedure	CPT-4
61567	Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery	Procedure	CPT-4
61570	Craniectomy or craniotomy; with excision of foreign body from brain	Procedure	CPT-4
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain	Procedure	CPT-4



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;	Procedure	CPT-4
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)	Procedure	CPT-4
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration	Procedure	CPT-4
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy	Procedure	CPT-4
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa	Procedure	CPT-4
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa	Procedure	CPT-4
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration	Procedure	CPT-4
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration	Procedure	CPT-4
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft	Procedure	CPT-4
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery	Procedure	CPT-4
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery	Procedure	CPT-4
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe	Procedure	CPT-4
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery	Procedure	CPT-4
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization	Procedure	CPT-4
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus	Procedure	CPT-4
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural	Procedure	CPT-4
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft	Procedure	CPT-4
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural	Procedure	CPT-4
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft	Procedure	CPT-4
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural	Procedure	CPT-4
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft	Procedure	CPT-4
61610	Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)	Procedure	CPT-4
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)	Procedure	CPT-4
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus	Procedure	CPT-4
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural	Procedure	CPT-4
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft	Procedure	CPT-4
61618	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61619	Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle)	Procedure	CPT-4
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion	Procedure	CPT-4
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	Procedure	CPT-4
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	Procedure	CPT-4
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Procedure	CPT-4
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Procedure	CPT-4
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Procedure	CPT-4
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	Procedure	CPT-4
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	Procedure	CPT-4
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple	Procedure	CPT-4
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex	Procedure	CPT-4
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple	Procedure	CPT-4
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex	Procedure	CPT-4
61690	Surgery of intracranial arteriovenous malformation; dural, simple	Procedure	CPT-4
61692	Surgery of intracranial arteriovenous malformation; dural, complex	Procedure	CPT-4
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation	Procedure	CPT-4
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation	Procedure	CPT-4
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation	Procedure	CPT-4
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation	Procedure	CPT-4
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery	Procedure	CPT-4
61708	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis	Procedure	CPT-4
61710	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter	Procedure	CPT-4
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries	Procedure	CPT-4
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus	Procedure	CPT-4
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus	Procedure	CPT-4
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;	Procedure	CPT-4
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance	Procedure	CPT-4
61760	Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring	Procedure	CPT-4
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source	Procedure	CPT-4
61781	Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)	Procedure	CPT-4
61782	Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	Procedure	CPT-4
61783	Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	Procedure	CPT-4
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion	Procedure	CPT-4
61791	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract	Procedure	CPT-4
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Procedure	CPT-4
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Procedure	CPT-4
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Procedure	CPT-4
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Procedure	CPT-4
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Procedure	CPT-4
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Procedure	CPT-4
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array	Procedure	CPT-4
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	Procedure	CPT-4
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array	Procedure	CPT-4
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	Procedure	CPT-4
61870	Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical	Procedure	CPT-4
61880	Revision or removal of intracranial neurostimulator electrodes	Procedure	CPT-4
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Procedure	CPT-4
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Procedure	CPT-4
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	Procedure	CPT-4
62000	Elevation of depressed skull fracture; simple, extradural	Procedure	CPT-4
62005	Elevation of depressed skull fracture; compound or comminuted, extradural	Procedure	CPT-4
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain	Procedure	CPT-4
62100	Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea	Procedure	CPT-4
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty	Procedure	CPT-4
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)	Procedure	CPT-4
62120	Repair of encephalocele, skull vault, including cranioplasty	Procedure	CPT-4
62121	Craniotomy for repair of encephalocele, skull base	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
62140	Cranioplasty for skull defect; up to 5 cm diameter	Procedure	CPT-4
62141	Cranioplasty for skull defect; larger than 5 cm diameter	Procedure	CPT-4
62142	Removal of bone flap or prosthetic plate of skull	Procedure	CPT-4
62143	Replacement of bone flap or prosthetic plate of skull	Procedure	CPT-4
62145	Cranioplasty for skull defect with reparative brain surgery	Procedure	CPT-4
62146	Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	Procedure	CPT-4
62147	Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	Procedure	CPT-4
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)	Procedure	CPT-4
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)	Procedure	CPT-4
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)	Procedure	CPT-4
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage	Procedure	CPT-4
62163	Neuroendoscopy, intracranial; with retrieval of foreign body	Procedure	CPT-4
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage	Procedure	CPT-4
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	Procedure	CPT-4
62180	Ventriculocisternostomy (Torkildsen type operation)	Procedure	CPT-4
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular	Procedure	CPT-4
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus	Procedure	CPT-4
62194	Replacement or irrigation, subarachnoid/subdural catheter	Procedure	CPT-4
62200	Ventriculocisternostomy, third ventricle;	Procedure	CPT-4
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	Procedure	CPT-4
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular	Procedure	CPT-4
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	Procedure	CPT-4
62225	Replacement or irrigation, ventricular catheter	Procedure	CPT-4
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	Procedure	CPT-4
62252	Reprogramming of programmable cerebrospinal shunt	Procedure	CPT-4
62256	Removal of complete cerebrospinal fluid shunt system; without replacement	Procedure	CPT-4
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation	Procedure	CPT-4
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	Procedure	CPT-4
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	Procedure	CPT-4
62268	Percutaneous aspiration, spinal cord cyst or syrinx	Procedure	CPT-4
62269	Biopsy of spinal cord, percutaneous needle	Procedure	CPT-4
62270	Spinal puncture, lumbar, diagnostic	Procedure	CPT-4
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	Procedure	CPT-4
62273	Injection, epidural, of blood or clot patch	Procedure	CPT-4
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	Procedure	CPT-4
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Procedure	CPT-4
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	Procedure	CPT-4
62284	Injection procedure for myelography and/or computed tomography, lumbar	Procedure	CPT-4
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar	Procedure	CPT-4
62290	Injection procedure for discography, each level; lumbar	Procedure	CPT-4
62291	Injection procedure for discography, each level; cervical or thoracic	Procedure	CPT-4
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	Procedure	CPT-4
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	Procedure	CPT-4
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	Procedure	CPT-4
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	Procedure	CPT-4
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	Procedure	CPT-4
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Procedure	CPT-4
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Procedure	CPT-4
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Procedure	CPT-4
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Procedure	CPT-4
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	Procedure	CPT-4
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	Procedure	CPT-4
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Procedure	CPT-4
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	Procedure	CPT-4
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	Procedure	CPT-4
62355	Removal of previously implanted intrathecal or epidural catheter	Procedure	CPT-4
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Procedure	CPT-4
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	Procedure	CPT-4
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	Procedure	CPT-4
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	Procedure	CPT-4
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	Procedure	CPT-4
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	Procedure	CPT-4
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	Procedure	CPT-4
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	Procedure	CPT-4
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Procedure	CPT-4
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	Procedure	CPT-4
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	Procedure	CPT-4
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Procedure	CPT-4
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Procedure	CPT-4
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Procedure	CPT-4
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Procedure	CPT-4
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	Procedure	CPT-4
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Procedure	CPT-4
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Procedure	CPT-4
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	Procedure	CPT-4
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Procedure	CPT-4
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Procedure	CPT-4
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Procedure	CPT-4
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Procedure	CPT-4
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	Procedure	CPT-4
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Procedure	CPT-4
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	Procedure	CPT-4
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	Procedure	CPT-4
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Procedure	CPT-4
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Procedure	CPT-4
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment	Procedure	CPT-4
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	Procedure	CPT-4
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	Procedure	CPT-4
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment	Procedure	CPT-4
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment	Procedure	CPT-4
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment	Procedure	CPT-4
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment	Procedure	CPT-4
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment	Procedure	CPT-4
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)	Procedure	CPT-4
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar	Procedure	CPT-4
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space	Procedure	CPT-4
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space	Procedure	CPT-4
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments	Procedure	CPT-4
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
63185	Laminectomy with rhizotomy; 1 or 2 segments	Procedure	CPT-4
63190	Laminectomy with rhizotomy; more than 2 segments	Procedure	CPT-4
63191	Laminectomy with section of spinal accessory nerve	Procedure	CPT-4
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical	Procedure	CPT-4
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic	Procedure	CPT-4
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical	Procedure	CPT-4
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic	Procedure	CPT-4
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical	Procedure	CPT-4
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic	Procedure	CPT-4
63200	Laminectomy, with release of tethered spinal cord, lumbar	Procedure	CPT-4
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical	Procedure	CPT-4
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic	Procedure	CPT-4
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar	Procedure	CPT-4
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical	Procedure	CPT-4
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic	Procedure	CPT-4
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Procedure	CPT-4
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral	Procedure	CPT-4
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical	Procedure	CPT-4
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic	Procedure	CPT-4
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Procedure	CPT-4
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral	Procedure	CPT-4
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical	Procedure	CPT-4
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	Procedure	CPT-4
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar	Procedure	CPT-4
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical	Procedure	CPT-4
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic	Procedure	CPT-4
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar	Procedure	CPT-4
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral	Procedure	CPT-4
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical	Procedure	CPT-4
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic	Procedure	CPT-4
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar	Procedure	CPT-4
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level	Procedure	CPT-4
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)	Procedure	CPT-4
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical	Procedure	CPT-4
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach	Procedure	CPT-4
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach	Procedure	CPT-4
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Procedure	CPT-4
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical	Procedure	CPT-4
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach	Procedure	CPT-4
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach	Procedure	CPT-4
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach	Procedure	CPT-4
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)	Procedure	CPT-4
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery	Procedure	CPT-4
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord	Procedure	CPT-4
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Procedure	CPT-4
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Procedure	CPT-4
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Procedure	CPT-4
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Procedure	CPT-4
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Procedure	CPT-4
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Procedure	CPT-4
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Procedure	CPT-4
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Procedure	CPT-4
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Procedure	CPT-4
63700	Repair of meningocele; less than 5 cm diameter	Procedure	CPT-4
63702	Repair of meningocele; larger than 5 cm diameter	Procedure	CPT-4
63704	Repair of myelomeningocele; less than 5 cm diameter	Procedure	CPT-4
63706	Repair of myelomeningocele; larger than 5 cm diameter	Procedure	CPT-4
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	Procedure	CPT-4
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	Procedure	CPT-4
63710	Dural graft, spinal	Procedure	CPT-4
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	Procedure	CPT-4
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	Procedure	CPT-4
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt	Procedure	CPT-4
63746	Removal of entire lumbosubarachnoid shunt system without replacement	Procedure	CPT-4
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	Procedure	CPT-4
64402	Injection, anesthetic agent; facial nerve	Procedure	CPT-4
64405	Injection, anesthetic agent; greater occipital nerve	Procedure	CPT-4
64408	Injection, anesthetic agent; vagus nerve	Procedure	CPT-4
64410	Injection, anesthetic agent; phrenic nerve	Procedure	CPT-4
64413	Injection, anesthetic agent; cervical plexus	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64415	Injection, anesthetic agent; brachial plexus, single	Procedure	CPT-4
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	Procedure	CPT-4
64417	Injection, anesthetic agent; axillary nerve	Procedure	CPT-4
64418	Injection, anesthetic agent; suprascapular nerve	Procedure	CPT-4
64420	Injection, anesthetic agent; intercostal nerve, single	Procedure	CPT-4
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	Procedure	CPT-4
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	Procedure	CPT-4
64430	Injection, anesthetic agent; pudendal nerve	Procedure	CPT-4
64435	Injection, anesthetic agent; paracervical (uterine) nerve	Procedure	CPT-4
64445	Injection, anesthetic agent; sciatic nerve, single	Procedure	CPT-4
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	Procedure	CPT-4
64447	Injection, anesthetic agent; femoral nerve, single	Procedure	CPT-4
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	Procedure	CPT-4
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	Procedure	CPT-4
64450	Injection, anesthetic agent; other peripheral nerve or branch	Procedure	CPT-4
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	Procedure	CPT-4
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	Procedure	CPT-4
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Procedure	CPT-4
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	Procedure	CPT-4
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Procedure	CPT-4
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	Procedure	CPT-4
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	Procedure	CPT-4
64488	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)	Procedure	CPT-4
64489	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Procedure	CPT-4
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Procedure	CPT-4
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Procedure	CPT-4
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Procedure	CPT-4
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
64505	Injection, anesthetic agent; sphenopalatine ganglion	Procedure	CPT-4
64508	Injection, anesthetic agent; carotid sinus (separate procedure)	Procedure	CPT-4
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	Procedure	CPT-4
64517	Injection, anesthetic agent; superior hypogastric plexus	Procedure	CPT-4
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	Procedure	CPT-4
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring	Procedure	CPT-4
64550	Application of surface (transcutaneous) neurostimulator (eg, TENS unit)	Procedure	CPT-4
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Procedure	CPT-4
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Procedure	CPT-4
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Procedure	CPT-4
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Procedure	CPT-4
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Procedure	CPT-4
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Procedure	CPT-4
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Procedure	CPT-4
64580	Incision for implantation of neurostimulator electrode array; neuromuscular	Procedure	CPT-4
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Procedure	CPT-4
64585	Revision or removal of peripheral neurostimulator electrode array	Procedure	CPT-4
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Procedure	CPT-4
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Procedure	CPT-4
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Procedure	CPT-4
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	Procedure	CPT-4
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	Procedure	CPT-4
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	Procedure	CPT-4
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Procedure	CPT-4
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	Procedure	CPT-4
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	Procedure	CPT-4
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	Procedure	CPT-4
64620	Destruction by neurolytic agent, intercostal nerve	Procedure	CPT-4
64630	Destruction by neurolytic agent; pudendal nerve	Procedure	CPT-4
64632	Destruction by neurolytic agent; plantar common digital nerve	Procedure	CPT-4
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Procedure	CPT-4
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Procedure	CPT-4
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Procedure	CPT-4
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Procedure	CPT-4
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Procedure	CPT-4
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
64644	Chemodenervation of one extremity; 5 or more muscles	Procedure	CPT-4
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	Procedure	CPT-4
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Procedure	CPT-4
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	Procedure	CPT-4
64650	Chemodenervation of eccrine glands; both axillae	Procedure	CPT-4
64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day	Procedure	CPT-4
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	Procedure	CPT-4
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	Procedure	CPT-4
64702	Neuroplasty; digital, 1 or both, same digit	Procedure	CPT-4
64704	Neuroplasty; nerve of hand or foot	Procedure	CPT-4
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	Procedure	CPT-4
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	Procedure	CPT-4
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	Procedure	CPT-4
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	Procedure	CPT-4
64716	Neuroplasty and/or transposition; cranial nerve (specify)	Procedure	CPT-4
64718	Neuroplasty and/or transposition; ulnar nerve at elbow	Procedure	CPT-4
64719	Neuroplasty and/or transposition; ulnar nerve at wrist	Procedure	CPT-4
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	Procedure	CPT-4
64722	Decompression; unspecified nerve(s) (specify)	Procedure	CPT-4
64726	Decompression; plantar digital nerve	Procedure	CPT-4
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)	Procedure	CPT-4
64732	Transection or avulsion of; supraorbital nerve	Procedure	CPT-4
64734	Transection or avulsion of; infraorbital nerve	Procedure	CPT-4
64736	Transection or avulsion of; mental nerve	Procedure	CPT-4
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy	Procedure	CPT-4
64740	Transection or avulsion of; lingual nerve	Procedure	CPT-4
64742	Transection or avulsion of; facial nerve, differential or complete	Procedure	CPT-4
64744	Transection or avulsion of; greater occipital nerve	Procedure	CPT-4
64746	Transection or avulsion of; phrenic nerve	Procedure	CPT-4
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	Procedure	CPT-4
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal	Procedure	CPT-4
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy	Procedure	CPT-4
64771	Transection or avulsion of other cranial nerve, extradural	Procedure	CPT-4
64772	Transection or avulsion of other spinal nerve, extradural	Procedure	CPT-4
64774	Excision of neuroma; cutaneous nerve, surgically identifiable	Procedure	CPT-4
64776	Excision of neuroma; digital nerve, 1 or both, same digit	Procedure	CPT-4
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	Procedure	CPT-4
64782	Excision of neuroma; hand or foot, except digital nerve	Procedure	CPT-4
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	Procedure	CPT-4
64784	Excision of neuroma; major peripheral nerve, except sciatic	Procedure	CPT-4
64786	Excision of neuroma; sciatic nerve	Procedure	CPT-4
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)	Procedure	CPT-4
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	Procedure	CPT-4
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	Procedure	CPT-4
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	Procedure	CPT-4
64795	Biopsy of nerve	Procedure	CPT-4
64802	Sympathectomy, cervical	Procedure	CPT-4
64804	Sympathectomy, cervicothoracic	Procedure	CPT-4
64809	Sympathectomy, thoracolumbar	Procedure	CPT-4
64818	Sympathectomy, lumbar	Procedure	CPT-4
64820	Sympathectomy; digital arteries, each digit	Procedure	CPT-4
64821	Sympathectomy; radial artery	Procedure	CPT-4
64822	Sympathectomy; ulnar artery	Procedure	CPT-4
64823	Sympathectomy; superficial palmar arch	Procedure	CPT-4
64831	Suture of digital nerve, hand or foot; 1 nerve	Procedure	CPT-4
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)	Procedure	CPT-4
64834	Suture of 1 nerve; hand or foot, common sensory nerve	Procedure	CPT-4
64835	Suture of 1 nerve; median motor thenar	Procedure	CPT-4
64836	Suture of 1 nerve; ulnar motor	Procedure	CPT-4
64837	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)	Procedure	CPT-4
64840	Suture of posterior tibial nerve	Procedure	CPT-4
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	Procedure	CPT-4
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition	Procedure	CPT-4
64858	Suture of sciatic nerve	Procedure	CPT-4
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)	Procedure	CPT-4
64861	Suture of; brachial plexus	Procedure	CPT-4
64862	Suture of; lumbar plexus	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64864	Suture of facial nerve; extracranial	Procedure	CPT-4
64865	Suture of facial nerve; infratemporal, with or without grafting	Procedure	CPT-4
64866	Anastomosis; facial-spinal accessory	Procedure	CPT-4
64868	Anastomosis; facial-hypoglossal	Procedure	CPT-4
64872	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neuroorrhaphy)	Procedure	CPT-4
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)	Procedure	CPT-4
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)	Procedure	CPT-4
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	Procedure	CPT-4
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length	Procedure	CPT-4
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	Procedure	CPT-4
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	Procedure	CPT-4
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	Procedure	CPT-4
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	Procedure	CPT-4
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	Procedure	CPT-4
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	Procedure	CPT-4
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	Procedure	CPT-4
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	Procedure	CPT-4
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	Procedure	CPT-4
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	Procedure	CPT-4
64905	Nerve pedicle transfer; first stage	Procedure	CPT-4
64907	Nerve pedicle transfer; second stage	Procedure	CPT-4
64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	Procedure	CPT-4
64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	Procedure	CPT-4
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	Procedure	CPT-4
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Procedure	CPT-4
64999	Unlisted procedure, nervous system	Procedure	CPT-4
65091	Evisceration of ocular contents; without implant	Procedure	CPT-4
65093	Evisceration of ocular contents; with implant	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
65101	Enucleation of eye; without implant	Procedure	CPT-4
65103	Enucleation of eye; with implant, muscles not attached to implant	Procedure	CPT-4
65105	Enucleation of eye; with implant, muscles attached to implant	Procedure	CPT-4
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	Procedure	CPT-4
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	Procedure	CPT-4
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	Procedure	CPT-4
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	Procedure	CPT-4
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	Procedure	CPT-4
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	Procedure	CPT-4
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	Procedure	CPT-4
65150	Reinsertion of ocular implant; with or without conjunctival graft	Procedure	CPT-4
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	Procedure	CPT-4
65175	Removal of ocular implant	Procedure	CPT-4
65205	Removal of foreign body, external eye; conjunctival superficial	Procedure	CPT-4
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	Procedure	CPT-4
65220	Removal of foreign body, external eye; corneal, without slit lamp	Procedure	CPT-4
65222	Removal of foreign body, external eye; corneal, with slit lamp	Procedure	CPT-4
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	Procedure	CPT-4
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	Procedure	CPT-4
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	Procedure	CPT-4
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	Procedure	CPT-4
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	Procedure	CPT-4
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	Procedure	CPT-4
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	Procedure	CPT-4
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	Procedure	CPT-4
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	Procedure	CPT-4
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	Procedure	CPT-4
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	Procedure	CPT-4
65410	Biopsy of cornea	Procedure	CPT-4
65420	Excision or transposition of pterygium; without graft	Procedure	CPT-4
65426	Excision or transposition of pterygium; with graft	Procedure	CPT-4
65430	Scraping of cornea, diagnostic, for smear and/or culture	Procedure	CPT-4
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	Procedure	CPT-4
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	Procedure	CPT-4
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	Procedure	CPT-4
65600	Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)	Procedure	CPT-4
65710	Keratoplasty (corneal transplant); anterior lamellar	Procedure	CPT-4
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	Procedure	CPT-4
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)	Procedure	CPT-4
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)	Procedure	CPT-4
65756	Keratoplasty (corneal transplant); endothelial	Procedure	CPT-4
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Procedure	CPT-4
65760	Keratomileusis	Procedure	CPT-4
65765	Keratophakia	Procedure	CPT-4
65767	Epikeratoplasty	Procedure	CPT-4
65770	Keratoprosthesis	Procedure	CPT-4
65771	Radial keratotomy	Procedure	CPT-4
65772	Corneal relaxing incision for correction of surgically induced astigmatism	Procedure	CPT-4
65775	Corneal wedge resection for correction of surgically induced astigmatism	Procedure	CPT-4
65778	Placement of amniotic membrane on the ocular surface; without sutures	Procedure	CPT-4
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Procedure	CPT-4
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Procedure	CPT-4
65781	Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)	Procedure	CPT-4
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	Procedure	CPT-4
65785	Implantation of intrastromal corneal ring segments	Procedure	CPT-4
65800	Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous	Procedure	CPT-4
65810	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection	Procedure	CPT-4
65815	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection	Procedure	CPT-4
65820	Goniotomy	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
65850	Trabeculotomy ab externo	Procedure	CPT-4
65855	Trabeculoplasty by laser surgery	Procedure	CPT-4
65860	Severing adhesions of anterior segment, laser technique (separate procedure)	Procedure	CPT-4
65865	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia	Procedure	CPT-4
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia	Procedure	CPT-4
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia	Procedure	CPT-4
65880	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions	Procedure	CPT-4
65900	Removal of epithelial downgrowth, anterior chamber of eye	Procedure	CPT-4
65920	Removal of implanted material, anterior segment of eye	Procedure	CPT-4
65930	Removal of blood clot, anterior segment of eye	Procedure	CPT-4
66020	Injection, anterior chamber of eye (separate procedure); air or liquid	Procedure	CPT-4
66030	Injection, anterior chamber of eye (separate procedure); medication	Procedure	CPT-4
66130	Excision of lesion, sclera	Procedure	CPT-4
66150	Fistulization of sclera for glaucoma; trephination with iridectomy	Procedure	CPT-4
66155	Fistulization of sclera for glaucoma; thermocauterization with iridectomy	Procedure	CPT-4
66160	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy	Procedure	CPT-4
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	Procedure	CPT-4
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	Procedure	CPT-4
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Procedure	CPT-4
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Procedure	CPT-4
66179	Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft	Procedure	CPT-4
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	Procedure	CPT-4
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Procedure	CPT-4
66184	Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft	Procedure	CPT-4
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft	Procedure	CPT-4
66220	Repair of scleral staphyloma; without graft	Procedure	CPT-4
66225	Repair of scleral staphyloma; with graft	Procedure	CPT-4
66250	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure	Procedure	CPT-4
66500	Iridotomy by stab incision (separate procedure); except transfixion	Procedure	CPT-4



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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe	Procedure	CPT-4
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion	Procedure	CPT-4
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy	Procedure	CPT-4
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)	Procedure	CPT-4
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)	Procedure	CPT-4
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)	Procedure	CPT-4
66680	Repair of iris, ciliary body (as for iridodialysis)	Procedure	CPT-4
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	Procedure	CPT-4
66700	Ciliary body destruction; diathermy	Procedure	CPT-4
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	Procedure	CPT-4
66711	Ciliary body destruction; cyclophotocoagulation, endoscopic	Procedure	CPT-4
66720	Ciliary body destruction; cryotherapy	Procedure	CPT-4
66740	Ciliary body destruction; cyclodialysis	Procedure	CPT-4
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)	Procedure	CPT-4
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	Procedure	CPT-4
66770	Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)	Procedure	CPT-4
66820	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)	Procedure	CPT-4
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)	Procedure	CPT-4
66825	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)	Procedure	CPT-4
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	Procedure	CPT-4
66840	Removal of lens material; aspiration technique, 1 or more stages	Procedure	CPT-4
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration	Procedure	CPT-4
66852	Removal of lens material; pars plana approach, with or without vitrectomy	Procedure	CPT-4
66920	Removal of lens material; intracapsular	Procedure	CPT-4
66930	Removal of lens material; intracapsular, for dislocated lens	Procedure	CPT-4
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)	Procedure	CPT-4
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	Procedure	CPT-4
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)	Procedure	CPT-4
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal	Procedure	CPT-4
66986	Exchange of intraocular lens	Procedure	CPT-4
66990	Use of ophthalmic endoscope (List separately in addition to code for primary procedure)	Procedure	CPT-4
66999	Unlisted procedure, anterior segment of eye	Procedure	CPT-4
67005	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	Procedure	CPT-4
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	Procedure	CPT-4
67015	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)	Procedure	CPT-4
67025	Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)	Procedure	CPT-4
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous	Procedure	CPT-4
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	Procedure	CPT-4
67030	Dissection of vitreous strands (without removal), pars plana approach	Procedure	CPT-4
67031	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)	Procedure	CPT-4
67036	Vitrectomy, mechanical, pars plana approach;	Procedure	CPT-4
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	Procedure	CPT-4
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	Procedure	CPT-4
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	Procedure	CPT-4
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)	Procedure	CPT-4
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation	Procedure	CPT-4
67101	Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy	Procedure	CPT-4
67105	Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid	Procedure	CPT-4
67108	Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	Procedure	CPT-4
67110	Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)	Procedure	CPT-4
67113	Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens	Procedure	CPT-4
67115	Release of encircling material (posterior segment)	Procedure	CPT-4
67120	Removal of implanted material, posterior segment; extraocular	Procedure	CPT-4
67121	Removal of implanted material, posterior segment; intraocular	Procedure	CPT-4
67141	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy	Procedure	CPT-4
67145	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)	Procedure	CPT-4
67208	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy	Procedure	CPT-4
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	Procedure	CPT-4
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Procedure	CPT-4
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions	Procedure	CPT-4
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	Procedure	CPT-4
67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	Procedure	CPT-4
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	Procedure	CPT-4
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	Procedure	CPT-4
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
67250	Scleral reinforcement (separate procedure); without graft	Procedure	CPT-4
67255	Scleral reinforcement (separate procedure); with graft	Procedure	CPT-4
67299	Unlisted procedure, posterior segment	Procedure	CPT-4
67311	Strabismus surgery, recession or resection procedure; 1 horizontal muscle	Procedure	CPT-4
67312	Strabismus surgery, recession or resection procedure; 2 horizontal muscles	Procedure	CPT-4
67314	Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	Procedure	CPT-4
67316	Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)	Procedure	CPT-4
67318	Strabismus surgery, any procedure, superior oblique muscle	Procedure	CPT-4
67320	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)	Procedure	CPT-4
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)	Procedure	CPT-4
67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	Procedure	CPT-4
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	Procedure	CPT-4
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	Procedure	CPT-4
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	Procedure	CPT-4
67345	Chemodenervation of extraocular muscle	Procedure	CPT-4
67346	Biopsy of extraocular muscle	Procedure	CPT-4
67399	Unlisted procedure, extraocular muscle	Procedure	CPT-4
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	Procedure	CPT-4
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	Procedure	CPT-4
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	Procedure	CPT-4
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	Procedure	CPT-4
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	Procedure	CPT-4
67415	Fine needle aspiration of orbital contents	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	Procedure	CPT-4
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	Procedure	CPT-4
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	Procedure	CPT-4
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	Procedure	CPT-4
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	Procedure	CPT-4
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	Procedure	CPT-4
67505	Retrobulbar injection; alcohol	Procedure	CPT-4
67515	Injection of medication or other substance into Tenon's capsule	Procedure	CPT-4
67550	Orbital implant (implant outside muscle cone); insertion	Procedure	CPT-4
67560	Orbital implant (implant outside muscle cone); removal or revision	Procedure	CPT-4
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	Procedure	CPT-4
67599	Unlisted procedure, orbit	Procedure	CPT-4
67700	Blepharotomy, drainage of abscess, eyelid	Procedure	CPT-4
67710	Severing of tarsorrhaphy	Procedure	CPT-4
67715	Canthotomy (separate procedure)	Procedure	CPT-4
67800	Excision of chalazion; single	Procedure	CPT-4
67801	Excision of chalazion; multiple, same lid	Procedure	CPT-4
67805	Excision of chalazion; multiple, different lids	Procedure	CPT-4
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	Procedure	CPT-4
67810	Incisional biopsy of eyelid skin including lid margin	Procedure	CPT-4
67820	Correction of trichiasis; epilation, by forceps only	Procedure	CPT-4
67825	Correction of trichiasis; epilation by other than forceps (eg, by electrotherapy, cryotherapy, laser surgery)	Procedure	CPT-4
67830	Correction of trichiasis; incision of lid margin	Procedure	CPT-4
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	Procedure	CPT-4
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	Procedure	CPT-4
67850	Destruction of lesion of lid margin (up to 1 cm)	Procedure	CPT-4
67875	Temporary closure of eyelids by suture (eg, Frost suture)	Procedure	CPT-4
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	Procedure	CPT-4
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	Procedure	CPT-4
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Procedure	CPT-4
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Procedure	CPT-4
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Procedure	CPT-4
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Procedure	CPT-4
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Procedure	CPT-4
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Procedure	CPT-4
67909	Reduction of overcorrection of ptosis	Procedure	CPT-4
67911	Correction of lid retraction	Procedure	CPT-4
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	Procedure	CPT-4
67914	Repair of ectropion; suture	Procedure	CPT-4
67915	Repair of ectropion; thermocauterization	Procedure	CPT-4
67916	Repair of ectropion; excision tarsal wedge	Procedure	CPT-4
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	Procedure	CPT-4
67921	Repair of entropion; suture	Procedure	CPT-4
67922	Repair of entropion; thermocauterization	Procedure	CPT-4
67923	Repair of entropion; excision tarsal wedge	Procedure	CPT-4
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Procedure	CPT-4
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	Procedure	CPT-4
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	Procedure	CPT-4
67938	Removal of embedded foreign body, eyelid	Procedure	CPT-4
67950	Canthoplasty (reconstruction of canthus)	Procedure	CPT-4
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	Procedure	CPT-4
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	Procedure	CPT-4
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	Procedure	CPT-4
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	Procedure	CPT-4
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	Procedure	CPT-4
67999	Unlisted procedure, eyelids	Procedure	CPT-4
68020	Incision of conjunctiva, drainage of cyst	Procedure	CPT-4
68040	Expression of conjunctival follicles (eg, for trachoma)	Procedure	CPT-4
68100	Biopsy of conjunctiva	Procedure	CPT-4
68110	Excision of lesion, conjunctiva; up to 1 cm	Procedure	CPT-4
68115	Excision of lesion, conjunctiva; over 1 cm	Procedure	CPT-4
68130	Excision of lesion, conjunctiva; with adjacent sclera	Procedure	CPT-4
68135	Destruction of lesion, conjunctiva	Procedure	CPT-4
68200	Subconjunctival injection	Procedure	CPT-4
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	Procedure	CPT-4
68325	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)	Procedure	CPT-4
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	Procedure	CPT-4
68328	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)	Procedure	CPT-4
68330	Repair of symblepharon; conjunctivoplasty, without graft	Procedure	CPT-4
68335	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)	Procedure	CPT-4
68340	Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens	Procedure	CPT-4
68360	Conjunctival flap; bridge or partial (separate procedure)	Procedure	CPT-4
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)	Procedure	CPT-4
68371	Harvesting conjunctival allograft, living donor	Procedure	CPT-4
68399	Unlisted procedure, conjunctiva	Procedure	CPT-4
68400	Incision, drainage of lacrimal gland	Procedure	CPT-4
68420	Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)	Procedure	CPT-4
68440	Snip incision of lacrimal punctum	Procedure	CPT-4
68500	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total	Procedure	CPT-4
68505	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial	Procedure	CPT-4
68510	Biopsy of lacrimal gland	Procedure	CPT-4
68520	Excision of lacrimal sac (dacryocystectomy)	Procedure	CPT-4
68525	Biopsy of lacrimal sac	Procedure	CPT-4
68530	Removal of foreign body or dacryolith, lacrimal passages	Procedure	CPT-4
68540	Excision of lacrimal gland tumor; frontal approach	Procedure	CPT-4
68550	Excision of lacrimal gland tumor; involving osteotomy	Procedure	CPT-4
68700	Plastic repair of canaliculi	Procedure	CPT-4
68705	Correction of everted punctum, cautery	Procedure	CPT-4
68720	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	Procedure	CPT-4
68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	Procedure	CPT-4
68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	Procedure	CPT-4
68761	Closure of the lacrimal punctum; by plug, each	Procedure	CPT-4
68770	Closure of lacrimal fistula (separate procedure)	Procedure	CPT-4
68801	Dilation of lacrimal punctum, with or without irrigation	Procedure	CPT-4
68810	Probing of nasolacrimal duct, with or without irrigation;	Procedure	CPT-4
68811	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia	Procedure	CPT-4
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	Procedure	CPT-4
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Procedure	CPT-4
68840	Probing of lacrimal canaliculi, with or without irrigation	Procedure	CPT-4
68850	Injection of contrast medium for dacryocystography	Procedure	CPT-4
68899	Unlisted procedure, lacrimal system	Procedure	CPT-4
69000	Drainage external ear, abscess or hematoma; simple	Procedure	CPT-4
69005	Drainage external ear, abscess or hematoma; complicated	Procedure	CPT-4
69020	Drainage external auditory canal, abscess	Procedure	CPT-4
69090	Ear piercing	Procedure	CPT-4
69100	Biopsy external ear	Procedure	CPT-4
69105	Biopsy external auditory canal	Procedure	CPT-4
69110	Excision external ear; partial, simple repair	Procedure	CPT-4
69120	Excision external ear; complete amputation	Procedure	CPT-4
69140	Excision exostosis(es), external auditory canal	Procedure	CPT-4
69145	Excision soft tissue lesion, external auditory canal	Procedure	CPT-4
69150	Radical excision external auditory canal lesion; without neck dissection	Procedure	CPT-4
69155	Radical excision external auditory canal lesion; with neck dissection	Procedure	CPT-4
69200	Removal foreign body from external auditory canal; without general anesthesia	Procedure	CPT-4
69205	Removal foreign body from external auditory canal; with general anesthesia	Procedure	CPT-4
69210	Removal impacted cerumen requiring instrumentation, unilateral	Procedure	CPT-4
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	Procedure	CPT-4
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	Procedure	CPT-4
69300	Otoplasty, protruding ear, with or without size reduction	Procedure	CPT-4
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	Procedure	CPT-4
69320	Reconstruction external auditory canal for congenital atresia, single stage	Procedure	CPT-4
69399	Unlisted procedure, external ear	Procedure	CPT-4
69420	Myringotomy including aspiration and/or eustachian tube inflation	Procedure	CPT-4
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	Procedure	CPT-4
69424	Ventilating tube removal requiring general anesthesia	Procedure	CPT-4
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	Procedure	CPT-4
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Procedure	CPT-4



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
69440	Middle ear exploration through postauricular or ear canal incision	Procedure	CPT-4
69450	Tympanolysis, transcanal	Procedure	CPT-4
69501	Transmastoid antrotomy (simple mastoidectomy)	Procedure	CPT-4
69502	Mastoidectomy; complete	Procedure	CPT-4
69505	Mastoidectomy; modified radical	Procedure	CPT-4
69511	Mastoidectomy; radical	Procedure	CPT-4
69530	Petrous apicectomy including radical mastoidectomy	Procedure	CPT-4
69535	Resection temporal bone, external approach	Procedure	CPT-4
69540	Excision aural polyp	Procedure	CPT-4
69550	Excision aural glomus tumor; transcanal	Procedure	CPT-4
69552	Excision aural glomus tumor; transmastoid	Procedure	CPT-4
69554	Excision aural glomus tumor; extended (extratemporal)	Procedure	CPT-4
69601	Revision mastoidectomy; resulting in complete mastoidectomy	Procedure	CPT-4
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	Procedure	CPT-4
69603	Revision mastoidectomy; resulting in radical mastoidectomy	Procedure	CPT-4
69604	Revision mastoidectomy; resulting in tympanoplasty	Procedure	CPT-4
69605	Revision mastoidectomy; with apicectomy	Procedure	CPT-4
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	Procedure	CPT-4
69620	Myringoplasty (surgery confined to drumhead and donor area)	Procedure	CPT-4
69631	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	Procedure	CPT-4
69632	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	Procedure	CPT-4
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	Procedure	CPT-4
69635	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction	Procedure	CPT-4
69636	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction	Procedure	CPT-4
69637	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	Procedure	CPT-4
69641	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
69642	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction	Procedure	CPT-4
69643	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction	Procedure	CPT-4
69644	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction	Procedure	CPT-4
69645	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction	Procedure	CPT-4
69646	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction	Procedure	CPT-4
69650	Stapes mobilization	Procedure	CPT-4
69660	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	Procedure	CPT-4
69661	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	Procedure	CPT-4
69662	Revision of stapedectomy or stapedotomy	Procedure	CPT-4
69666	Repair oval window fistula	Procedure	CPT-4
69667	Repair round window fistula	Procedure	CPT-4
69670	Mastoid obliteration (separate procedure)	Procedure	CPT-4
69676	Tympanic neurectomy	Procedure	CPT-4
69700	Closure postauricular fistula, mastoid (separate procedure)	Procedure	CPT-4
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Procedure	CPT-4
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	Procedure	CPT-4
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Procedure	CPT-4
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Procedure	CPT-4
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Procedure	CPT-4
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Procedure	CPT-4
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	Procedure	CPT-4
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	Procedure	CPT-4
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	Procedure	CPT-4
69799	Unlisted procedure, middle ear	Procedure	CPT-4
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	Procedure	CPT-4
69805	Endolymphatic sac operation; without shunt	Procedure	CPT-4
69806	Endolymphatic sac operation; with shunt	Procedure	CPT-4
69905	Labyrinthectomy; transcanal	Procedure	CPT-4
69910	Labyrinthectomy; with mastoidectomy	Procedure	CPT-4
69915	Vestibular nerve section, translabyrinthine approach	Procedure	CPT-4
69930	Cochlear device implantation, with or without mastoidectomy	Procedure	CPT-4
69949	Unlisted procedure, inner ear	Procedure	CPT-4
69950	Vestibular nerve section, transcranial approach	Procedure	CPT-4
69955	Total facial nerve decompression and/or repair (may include graft)	Procedure	CPT-4
69960	Decompression internal auditory canal	Procedure	CPT-4
69970	Removal of tumor, temporal bone	Procedure	CPT-4
69979	Unlisted procedure, temporal bone, middle fossa approach	Procedure	CPT-4
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	Procedure	CPT-4
27370	Injection of contrast for knee arthrography	Procedure	CPT-4
33282	Implantation of patient-activated cardiac event recorder	Procedure	CPT-4
33284	Removal of an implantable, patient-activated cardiac event recorder	Procedure	CPT-4
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	Procedure	CPT-4
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)	Procedure	CPT-4
29582	Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed	Procedure	CPT-4
29583	Application of multi-layer compression system; upper arm and forearm	Procedure	CPT-4
31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic	Procedure	CPT-4
34800	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis	Procedure	CPT-4
34802	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)	Procedure	CPT-4
34803	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)	Procedure	CPT-4
34804	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis	Procedure	CPT-4
34805	Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniliac or aorto-unifemoral prosthesis	Procedure	CPT-4

**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for primary procedure)	Procedure	CPT-4
34825	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel	Procedure	CPT-4
34826	Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
34900	Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis	Procedure	CPT-4
36120	Introduction of needle or intracatheter; retrograde brachial artery	Procedure	CPT-4
36515	Therapeutic apheresis; with extracorporeal immunoabsorption and plasma reinfusion	Procedure	CPT-4
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	Procedure	CPT-4
64565	Percutaneous implantation of neurostimulator electrode array; neuromuscular	Procedure	CPT-4
69820	Fenestration semicircular canal	Procedure	CPT-4
69840	Revision fenestration operation	Procedure	CPT-4
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	Procedure	CPT-4
21495	Open treatment of hyoid fracture	Procedure	CPT-4
22305	Closed treatment of vertebral process fracture(s)	Procedure	CPT-4
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)	Procedure	CPT-4
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation	Procedure	CPT-4
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia	Procedure	CPT-4
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)	Procedure	CPT-4
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant	Procedure	CPT-4
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)	Procedure	CPT-4
31582	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy	Procedure	CPT-4
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)	Procedure	CPT-4
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	Procedure	CPT-4
33401	Valvuloplasty, aortic valve; open, with inflow occlusion	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	Procedure	CPT-4
35450	Transluminal balloon angioplasty, open; renal or other visceral artery	Procedure	CPT-4
35452	Transluminal balloon angioplasty, open; aortic	Procedure	CPT-4
35458	Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel	Procedure	CPT-4
35460	Transluminal balloon angioplasty, open; venous	Procedure	CPT-4
35471	Transluminal balloon angioplasty, percutaneous; renal or visceral artery	Procedure	CPT-4
35472	Transluminal balloon angioplasty, percutaneous; aortic	Procedure	CPT-4
35475	Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel	Procedure	CPT-4
35476	Transluminal balloon angioplasty, percutaneous; venous	Procedure	CPT-4
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)	Procedure	CPT-4
36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)	Procedure	CPT-4
36870	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)	Procedure	CPT-4
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	Procedure	CPT-4
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	Procedure	CPT-4
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	Procedure	CPT-4
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	Procedure	CPT-4
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Procedure	CPT-4
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Procedure	CPT-4
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])	Procedure	CPT-4
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed	Procedure	CPT-4
39402	Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	Procedure	CPT-4
47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	Procedure	CPT-4
47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)	Procedure	CPT-4
47533	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external	Procedure	CPT-4
47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external	Procedure	CPT-4
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Procedure	CPT-4
47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation	Procedure	CPT-4
47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access	Procedure	CPT-4
47542	Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)	Procedure	CPT-4
47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
49185	Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed	Procedure	CPT-4
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Procedure	CPT-4
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Procedure	CPT-4
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)	Procedure	CPT-4
54437	Repair of traumatic corporeal tear(s)	Procedure	CPT-4
54438	Replantation, penis, complete amputation including urethral repair	Procedure	CPT-4
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Procedure	CPT-4
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Procedure	CPT-4
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure)	Procedure	CPT-4
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	Procedure	CPT-4
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	Procedure	CPT-4
64463	Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	Procedure	CPT-4
69209	Removal impacted cerumen using irrigation/lavage, unilateral	Procedure	CPT-4
21805	Open treatment of rib fracture without fixation, each	Procedure	CPT-4
31620	Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])	Procedure	CPT-4
37202	Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)	Procedure	CPT-4
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
37251	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
39400	Mediastinoscopy, includes biopsy(ies), when performed	Procedure	CPT-4
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	Procedure	CPT-4
47500	Injection procedure for percutaneous transhepatic cholangiography	Procedure	CPT-4



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
47505	Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)	Procedure	CPT-4
47510	Introduction of percutaneous transhepatic catheter for biliary drainage	Procedure	CPT-4
47511	Introduction of percutaneous transhepatic stent for internal and external biliary drainage	Procedure	CPT-4
47525	Change of percutaneous biliary drainage catheter	Procedure	CPT-4
47530	Revision and/or reinsertion of transhepatic tube	Procedure	CPT-4
47560	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy	Procedure	CPT-4
47561	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy	Procedure	CPT-4
47630	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)	Procedure	CPT-4
50392	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous	Procedure	CPT-4
50393	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous	Procedure	CPT-4
50394	Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter	Procedure	CPT-4
50398	Change of nephrostomy or pyelostomy tube	Procedure	CPT-4
64412	Injection, anesthetic agent; spinal accessory nerve	Procedure	CPT-4
67112	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques	Procedure	CPT-4
21800	Closed treatment of rib fracture, uncomplicated, each	Procedure	CPT-4
21810	Treatment of rib fracture requiring external fixation (flail chest)	Procedure	CPT-4
22520	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic	Procedure	CPT-4
22521	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar	Procedure	CPT-4
22522	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Procedure	CPT-4
22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	Procedure	CPT-4
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	Procedure	CPT-4
29020	Application of turnbuckle jacket, body; only	Procedure	CPT-4
29025	Application of turnbuckle jacket, body; including head	Procedure	CPT-4
29715	Removal or bivalving; turnbuckle jacket	Procedure	CPT-4
33332	Insertion of graft, aorta or great vessels; with shunt bypass	Procedure	CPT-4
33472	Valvotomy, pulmonary valve, open heart; with inflow occlusion	Procedure	CPT-4
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day	Procedure	CPT-4
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day	Procedure	CPT-4
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	Procedure	CPT-4
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	Procedure	CPT-4
42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland	Procedure	CPT-4
43350	Esophagostomy, fistulization of esophagus, external; abdominal approach	Procedure	CPT-4
44383	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
44397	Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
45345	Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	Procedure	CPT-4
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
45387	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
61334	Exploration of orbit (transcranial approach); with removal of foreign body	Procedure	CPT-4
61440	Craniotomy for section of tentorium cerebelli (separate procedure)	Procedure	CPT-4
61470	Craniectomy, suboccipital; for medullary tractotomy	Procedure	CPT-4
61490	Craniotomy for lobotomy, including cingulotomy	Procedure	CPT-4
61542	Craniotomy with elevation of bone flap; for total hemispherectomy	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
61609	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)	Procedure	CPT-4
61875	Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical	Procedure	CPT-4
62116	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty	Procedure	CPT-4
64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic	Procedure	CPT-4
64761	Transection or avulsion of; pudendal nerve	Procedure	CPT-4
64870	Anastomosis; facial-phrenic	Procedure	CPT-4
66165	Fistulization of sclera for glaucoma; iridencleisis or iridotaxis	Procedure	CPT-4
69400	Eustachian tube inflation, transnasal; with catheterization	Procedure	CPT-4
69401	Eustachian tube inflation, transnasal; without catheterization	Procedure	CPT-4
69405	Eustachian tube catheterization, transtympanic	Procedure	CPT-4
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less	Procedure	CPT-4
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	Procedure	CPT-4
19103	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	Procedure	CPT-4
19290	Preoperative placement of needle localization wire, breast;	Procedure	CPT-4
19291	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)	Procedure	CPT-4
19295	Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)	Procedure	CPT-4
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)	Procedure	CPT-4
23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)	Procedure	CPT-4
32201	Pneumonostomy; with percutaneous drainage of abscess or cyst	Procedure	CPT-4
37204	Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck	Procedure	CPT-4
37205	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel	Procedure	CPT-4
37206	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4
37207	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel	Procedure	CPT-4
37208	Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
37210	Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure	Procedure	CPT-4
42802	Biopsy; hypopharynx	Procedure	CPT-4
43219	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent	Procedure	CPT-4
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
43256	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)	Procedure	CPT-4
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
43267	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube	Procedure	CPT-4
43268	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct	Procedure	CPT-4
43269	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent	Procedure	CPT-4
43271	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)	Procedure	CPT-4
43272	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	Procedure	CPT-4
43456	Dilation of esophagus, by balloon or dilator, retrograde	Procedure	CPT-4
43458	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia	Procedure	CPT-4
44901	Incision and drainage of appendiceal abscess; percutaneous	Procedure	CPT-4
47011	Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages	Procedure	CPT-4
48511	External drainage, pseudocyst of pancreas; percutaneous	Procedure	CPT-4
49021	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous	Procedure	CPT-4
49041	Drainage of subdiaphragmatic or subphrenic abscess; percutaneous	Procedure	CPT-4
49061	Drainage of retroperitoneal abscess; percutaneous	Procedure	CPT-4
50021	Drainage of perirenal or renal abscess; percutaneous	Procedure	CPT-4
58823	Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)	Procedure	CPT-4
64613	Chemodenervation of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
64614	Chemodervation of muscle(s); extremity and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)	Procedure	CPT-4
29590	Denis-Browne splint strapping	Procedure	CPT-4
31656	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with injection of contrast material for segmental bronchography (fiberscope only)	Procedure	CPT-4
31715	Transtracheal injection for bronchography	Procedure	CPT-4
32420	Pneumocentesis, puncture of lung for aspiration	Procedure	CPT-4
32421	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	Procedure	CPT-4
32422	Thoracentesis with insertion of tube, includes water seal (eg, for pneumothorax), when performed (separate procedure)	Procedure	CPT-4
37201	Transcatheter therapy, infusion for thrombolysis other than coronary	Procedure	CPT-4
37203	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)	Procedure	CPT-4
37209	Exchange of a previously placed intravascular catheter during thrombolytic therapy	Procedure	CPT-4
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)	Procedure	CPT-4
65805	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous	Procedure	CPT-4
<b>Hand Surgery</b>			
26494	Opponensplasty; hypothenar muscle transfer	Procedure	CPT-4
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)	Procedure	CPT-4
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	Procedure	CPT-4
26504	Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure)	Procedure	CPT-4
26989	Unlisted procedure, hands or fingers	Procedure	CPT-4
<b>Joint Injections</b>			
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	Procedure	CPT-4
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	Procedure	CPT-4
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	Procedure	CPT-4
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	Procedure	CPT-4
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	Procedure	CPT-4

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	Procedure	CPT-4
21116	Injection procedure for temporomandibular joint arthrography	Procedure	CPT-4
27093	Injection procedure for hip arthrography; without anesthesia	Procedure	CPT-4
27095	Injection procedure for hip arthrography; with anesthesia	Procedure	CPT-4
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Procedure	CPT-4
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	Procedure	CPT-4
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	Procedure	CPT-4
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	Procedure	CPT-4
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	Procedure	CPT-4
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	Procedure	CPT-4
<b>Rheumatoid Lung Involvement</b>			
714.81	Rheumatoid lung	Diagnosis	ICD-9-CM
M05.1	Rheumatoid lung disease with rheumatoid arthritis	Diagnosis	ICD-10-CM
M05.17	Rheumatoid lung disease with rheumatoid arthritis of ankle and foot	Diagnosis	ICD-10-CM
M05.12	Rheumatoid lung disease with rheumatoid arthritis of elbow	Diagnosis	ICD-10-CM
M05.14	Rheumatoid lung disease with rheumatoid arthritis of hand	Diagnosis	ICD-10-CM
M05.15	Rheumatoid lung disease with rheumatoid arthritis of hip	Diagnosis	ICD-10-CM
M05.16	Rheumatoid lung disease with rheumatoid arthritis of knee	Diagnosis	ICD-10-CM
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites	Diagnosis	ICD-10-CM
M05.11	Rheumatoid lung disease with rheumatoid arthritis of shoulder	Diagnosis	ICD-10-CM
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site	Diagnosis	ICD-10-CM
M05.13	Rheumatoid lung disease with rheumatoid arthritis of wrist	Diagnosis	ICD-10-CM

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Code	Description	Code Category	Code Type
<b>Felty's Syndrome</b>			
714.1	Felty's syndrome	Diagnosis	ICD-9-CM
M05.0	Felty's syndrome	Diagnosis	ICD-10-CM
M05.07	Felty's syndrome, ankle and foot	Diagnosis	ICD-10-CM
M05.02	Felty's syndrome, elbow	Diagnosis	ICD-10-CM
M05.04	Felty's syndrome, hand	Diagnosis	ICD-10-CM
M05.05	Felty's syndrome, hip	Diagnosis	ICD-10-CM
M05.06	Felty's syndrome, knee	Diagnosis	ICD-10-CM
M05.09	Felty's syndrome, multiple sites	Diagnosis	ICD-10-CM
M05.01	Felty's syndrome, shoulder	Diagnosis	ICD-10-CM
M05.00	Felty's syndrome, unspecified site	Diagnosis	ICD-10-CM
M05.03	Felty's syndrome, wrist	Diagnosis	ICD-10-CM
<b>Sjorgrens Syndrome</b>			
710.2	Sicca syndrome	Diagnosis	ICD-9-CM
M35.0	Sicca syndrome [Sjogren]	Diagnosis	ICD-10-CM
M35.01	Sicca syndrome with keratoconjunctivitis	Diagnosis	ICD-10-CM
M35.02	Sicca syndrome with lung involvement	Diagnosis	ICD-10-CM
M35.03	Sicca syndrome with myopathy	Diagnosis	ICD-10-CM
M35.09	Sicca syndrome with other organ involvement	Diagnosis	ICD-10-CM
M35.04	Sicca syndrome with tubulo-interstitial nephropathy	Diagnosis	ICD-10-CM
M35.00	Sicca syndrome, unspecified	Diagnosis	ICD-10-CM
<b>Cane</b>			
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	Procedure	HCPCS
E0105	Cane, quad or 3-prong, includes canes of all materials, adjustable or fixed, with tips	Procedure	HCPCS
<b>Crutches</b>			
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Procedure	HCPCS
E0111	Crutch, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	Procedure	HCPCS
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips, and handgrips	Procedure	HCPCS
E0113	Crutch, underarm, wood, adjustable or fixed, each, with pad, tip, and handgrip	Procedure	HCPCS
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	Procedure	HCPCS
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Procedure	HCPCS
E0117	Crutch, underarm, articulating, spring assisted, each	Procedure	HCPCS
E0118	Crutch substitute, lower leg platform, with or without wheels, each	Procedure	HCPCS
<b>Walker</b>			
E0130	Walker, rigid (pickup), adjustable or fixed height	Procedure	HCPCS
E0135	Walker, folding (pickup), adjustable or fixed height	Procedure	HCPCS
E0140	Walker, with trunk support, adjustable or fixed height, any type	Procedure	HCPCS
E0141	Walker, rigid, wheeled, adjustable or fixed height	Procedure	HCPCS
E0142	Rigid walker, wheeled, with seat	Procedure	HCPCS

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<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E0143	Walker, folding, wheeled, adjustable or fixed height	Procedure	HCPCS
E0144	Walker, enclosed, 4 sided framed, rigid or folding, wheeled with posterior seat	Procedure	HCPCS
E0145	Walker, wheeled, with seat and crutch attachments	Procedure	HCPCS
E0146	Folding walker, wheeled, with seat	Procedure	HCPCS
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	Procedure	HCPCS
E0148	Walker, heavy-duty, without wheels, rigid or folding, any type, each	Procedure	HCPCS
E0149	Walker, heavy-duty, wheeled, rigid or folding, any type	Procedure	HCPCS
<b>Wheelchair</b>			
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	Procedure	HCPCS
E1065	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., solo)	Procedure	HCPCS
E1066	Battery charger	Procedure	HCPCS
E1069	Deep cycle battery	Procedure	HCPCS
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Procedure	HCPCS
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	Procedure	HCPCS
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	Procedure	HCPCS
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Procedure	HCPCS
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	Procedure	HCPCS
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	Procedure	HCPCS
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Procedure	HCPCS
E1091	Youth wheelchair, any type	Procedure	HCPCS
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	Procedure	HCPCS
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	Procedure	HCPCS
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	Procedure	HCPCS
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	Procedure	HCPCS
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Procedure	HCPCS



**Appendix D. List of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM), Current Procedural Terminology, Fourth Edition (CPT-4), Healthcare Common Procedural Coding System (HCPCS) Diagnosis and Procedure Codes Used to Define Baseline Characteristics in this Request**

<b>Code</b>	<b>Description</b>	<b>Code Category</b>	<b>Code Type</b>
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	Procedure	HCPCS
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1161	Manual adult size wheelchair, includes tilt in space	Procedure	HCPCS
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	Procedure	HCPCS
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	Procedure	HCPCS
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	Procedure	HCPCS
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	Procedure	HCPCS
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	Procedure	HCPCS
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	Procedure	HCPCS
E1210	Motorized wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests	Procedure	HCPCS
E1211	Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests	Procedure	HCPCS
E1212	Motorized wheelchair; fixed full-length arms, swing-away, detachable footrests	Procedure	HCPCS
E1213	Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests	Procedure	HCPCS
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Procedure	HCPCS

**Appendix E. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
<b>Smoking Cessation</b>	
nicotine	Nicotrol
nicotine	Nicotrol NS
nicotine	nicotine
varenicline tartrate	Chantix
varenicline tartrate	Chantix Continuing Month Box
varenicline tartrate	Chantix Starting Month Box
nicotine polacrilex	nicotine (polacrilex)
nicotine	Nicoderm CQ
nicotine polacrilex	Nicorette
nicotine polacrilex	Nicorelief
varenicline tartrate	Chantix Continuing Month Pak
varenicline tartrate	Chantix Starting Month Pak
nicotine polacrilex	Stop Smoking Aid
nicotine polacrilex	nicotine polacrilex (bulk)
nicotine	NTS Step 1
nicotine bitartrate	Nicotine Tartrate
nicotine polacrilex	Quit 2
nicotine polacrilex	Quit 4
bupropion HCl	Buproban
bupropion HCl	bupropion HCl (smoking deter)
nicotine polacrilex	Commit
nicotine	Habitrol
nicotine polacrilex	Nicorette Refill
nicotine polacrilex	Nicorette Starter Kit
nicotine	NTS Step 2
nicotine	NTS Step 3
nicotine polacrilex	Thrive Nicotine
bupropion HCl	Zyban
<b>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</b>	
piroxicam	Feldene
piroxicam	piroxicam
tolmetin sodium	tolmetin
ketoprofen	ketoprofen
indomethacin	indomethacin
etodolac	etodolac
naproxen sodium	naproxen sodium
ibuprofen	ibuprofen
ibuprofen/diphenhydramine HCl	Ibuprofen PM
meclofenamate sodium	meclofenamate
ibuprofen	Advil Migraine
ibuprofen	Advil Liqui-Gel
mefenamic acid	mefenamic acid
fenoprofen calcium	Nalfon
ibuprofen	Wal-Profen
diclofenac potassium	Zipsor

**Appendix E. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
fenoprofen calcium	fenoprofen
naproxen sodium	Aleve
indomethacin, submicronized	Tivorbex
diclofenac submicronized	Zorvolex
meloxicam, submicronized	Vivlodex
fenoprofen calcium	Fenortho
mefenamic acid	Ponstel
celecoxib	Celebrex
celecoxib	celecoxib
ketorolac tromethamine	ketorolac
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC400
Ibuprofen/Caffeine/Vitamins B1, B2, B6, & B12	IC800
naproxen/dietary supplement,misc. cb.11	Theraproxen
naproxen/dietary supplement,misc. cb.11	Theraproxen-90
piroxicam/dietary supplement,misc. cb.11	Therafeldamine
ibuprofen/dietary supplement,misc. cb.11	Theraproxen-60
ibuprofen/dietary supplement,misc. cb.11	Theraproxen-90
celecoxib/capsaicin/menthol	CapXib
celecoxib/lidocaine/menthol	LidoXib
naproxen/capsaicin/menthol	NaproxenPax
naproxen/capsaicin/menthol	NaproPax
ibuprofen	Infant's Ibuprofen
ibuprofen	Infant's Motrin
ibuprofen	Infant's Advil
ibuprofen	Children's Ibu-Drops
ibuprofen	Infants Ibu-Drops
ibuprofen	Ibu-Drops
ibuprofen	Infants ProfenIB
ibuprofen	Infant's Medi-Profen
ibuprofen/irritants counter-irritants combination no.2	Comfort Pac-Ibuprofen
meloxicam/irritants counter-irritants combination no.2	Comfort Pac-Meloxicam
ketorolac tromethamine	ReadySharp ketorolac
naproxen/irritant counter-irritant combination no.2	Comfort Pac-Naproxen
diclofenac sodium/capsicum oleoresin	Inflammacin
naproxen sodium/menthol	NaproPak Cool
diclofenac sodium/capsicum oleoresin	DermaSilkRx DicloPak
diclofenac sodium/capsaicin	Flexipak
diclofenac sodium/capsicum oleoresin	Xenaflamm
diclofenac sodium/capsaicin	NuDiclo TabPAK
diclofenac sodium/capsicum oleoresin	PrevidolRx Plus Analgesic Pak
ketorolac/norflurane and pentafluoropropane (HFC 245fa)	Toronova SUIK
ketorolac/norflurane and pentafluoropropane (HFC 245fa)	Toronova II SUIK
celecoxib/capsaicin/methyl salicylate/menthol	NuDroxipAK
ibuprofen/capsaicin/methyl salicylate/menthol	NuDroxipAK I-800
nabumetone/capsaicin/methyl salicylate/menthol	NuDroxipAK N-500
etodolac/capsaicin/methyl salicylate/menthol	NuDroxipAK E-400

**Appendix E. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
diclofenac sodium/capsaicin/methyl salicylate/menthol	NuDroxiPAK DSDR-50
diclofenac sodium/capsaicin/methyl salicylate/menthol	NuDroxiPAK DSDR-75
diclofenac epolamine	Flector
ibuprofen	ibuprofen (bulk)
diclofenac sodium	diclofenac sodium (bulk)
meloxicam	meloxicam (bulk)
piroxicam	piroxicam (bulk)
ketorolac tromethamine	ketorolac (bulk)
phenylbutazone	phenylbutazone (bulk)
mefenamic acid	mefenamic acid (bulk)
nabumetone	nabumetone (bulk)
ketoprofen, micronized	ketoprofen, micronized (bulk)
fenoprofen calcium, dihydrate	fenoprofen calcium dihyd(bulk)
bromfenac sodium	bromfenac sodium (bulk)
etodolac	etodolac (bulk)
nabumetone, micronized	nabumetone, micronized (bulk)
diclofenac sodium, micronized	diclofenac sod, micro (bulk)
celecoxib	celecoxib (bulk)
diclofenac potassium	Cambia
ibuprofen	Caldolor
diclofenac sodium	Dyloject
naproxen	Naprosyn
ibuprofen	Children's Motrin
meloxicam	meloxicam
naproxen	naproxen
ibuprofen	Children's Ibuprofen
ibuprofen	Children's Advil
meloxicam	Mobic
ibuprofen	Child Ibuprofen
ibuprofen	Children's Profen IB
indomethacin	Indocin
ibuprofen	Children's Medi-Profen
ibuprofen	Motrin
hydrocodone/ibuprofen	Vicoprofen
hydrocodone/ibuprofen	hydrocodone-ibuprofen
ibuprofen/oxycodone HCl	ibuprofen-oxycodone
hydrocodone/ibuprofen	Reprexain
hydrocodone/ibuprofen	Ibudone
hydrocodone/ibuprofen	Xylon 10
naproxen sodium	Anaprox
naproxen sodium	Anaprox DS
sulindac	Clinoril
oxaprozin	Daypro
ibuprofen	Motrin IB
diclofenac potassium	Cataflam
flurbiprofen	flurbiprofen

**Appendix E. List of Generic and Brand Names of Medical Products Used to Define Baseline Characteristics in this Request**

<b>Generic Name</b>	<b>Brand Name</b>
oxaprozin	oxaprozin
diclofenac potassium	diclofenac potassium
nabumetone	nabumetone
naproxen sodium	All Day Pain Relief
naproxen sodium	Wal-Proxen
sulindac	sulindac
ibuprofen/diphenhydramine citrate	Motrin PM
naproxen sodium	All Day Relief
ibuprofen	Advil
ibuprofen	IBU-200
ibuprofen	Ibuprofen IB
naproxen sodium	Midol (naproxen)
naproxen sodium/diphenhydramine HCl	Aleve PM
naproxen sodium	Flanax (naproxen)
ibuprofen	I-Prin
naproxen sodium	Mediproxen
ibuprofen	Addaprin
ibuprofen	Medi-Profen
flurbiprofen	Ansaid
ibuprofen	IBU
ibuprofen	Provil
fenoprofen calcium	ProFeno
etodolac	Lodine
ibuprofen/famotidine	Duexis
diclofenac sodium	Voltaren-XR
diclofenac sodium	diclofenac sodium
naproxen sodium	Naprelan CR
ibuprofen	Ibuprofen Jr Strength
ibuprofen	Children's Motrin Jr Strength
naproxen	EC-Naprosyn
naproxen sodium	Naprelan CR Dose Card
diclofenac sodium/misoprostol	Arthrotec 50
diclofenac sodium/misoprostol	Arthrotec 75
naproxen/esomeprazole magnesium	Vimovo
diclofenac sodium/misoprostol	diclofenac-misoprostol

**Appendix F. Specifications Defining Parameters for Utilization in this Request**

This request examined characteristics of patients with rheumatoid arthritis or ulcerative colitis receiving tofacitinib and tumor necrosis factor inhibitors (TNFi) in the Sentinel Distributed Database (SDD) along with the switching patterns between these exposures.

**Query period:** November 1, 2012 - September 30, 2019  
**Coverage requirement:** Medical and drug  
**Pre-index enrollment requirement:** 365 days  
**Enrollment gap:** 45 days  
**Age groups:** 18-44, 45-65, 65+ years  
**Stratifications:** None

**Switching Groups**

Scenario	Exposure Group	Cohort Definition	Episode Gap	Exclusion Criteria	Exclusion Window (Days)	Censoring Criteria
1	Prevalent users of Tofacitinib prevalent for Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	Cohort includes all valid exposure episodes during query period	15 days	TNFi, Other biologics	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
2	Prevalent users of Tofacitinib prevalent for TNFi and DMARDs	Cohort includes all valid exposure episodes during query period	15 days	Other biologics	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
3	Prevalent users of Tofacitinib prevalent for other biologics and DMARDs	Cohort includes all valid exposure episodes during query period	15 days	TNFi	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
4	Prevalent users of Tofacitinib, naïve to all other treatments	Cohort includes all valid exposure episodes during query period	15 days	TNFi, DMARDs, Other biologics	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation

**Appendix F. Specifications Defining Parameters for Utilization in this Request**

Switching Groups						
Scenario	Exposure Group	Cohort definition	Episode Gap	Exclusion Criteria	Exclusion Window (Days)	Censoring Criteria
5	Prevalent users of TNFi, naïve to all other treatments	Cohort includes all valid exposure episodes during query period	15 days	Tofacitinib, Other biologics, DMARDs	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
6	Prevalent users of TNFi prevalent for other biologics and DMARDs	Cohort includes all valid exposure episodes during query period	15 days	Tofacitinib	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
7	New users of Tofacitinib prevalent for DMARDs	Cohort includes first valid exposure episodes during query period	15 days	Tofacitinib, TNFi, Other biologics	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
8	New users of Tofacitinib prevalent for TNFi and DMARDs	Cohort includes first valid exposure episodes during query period	15 days	Tofacitinib, Other biologics	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
9	New users of Tofacitinib prevalent for other biologics	Cohort includes first valid exposure episodes during query period	15 days	Tofacitinib, TNFi	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
10	New users of Tofacitinib, naïve to all other treatments	Cohort includes first valid exposure episodes during query period	15 days	TNFi, DMARDs, Tofacitinib, Other biologics	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation

**Appendix F. Specifications Defining Parameters for Utilization in this Request**

Switching Groups						
Scenario	Exposure Group	Cohort definition	Episode Gap	Exclusion Criteria	Exclusion Window (Days)	Censoring Criteria
11	New users of TNFi, naïve to all other treatments	Cohort includes first valid exposure episodes during query period	15 days	Tofacitinib, Other biologics, TNFi, DMARDS	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
12	New users of TNFi prevalent for other biologics	Cohort includes first valid exposure episodes during query period	15 days	Tofacitinib, TNFi	Enrollment history, -1	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation

International Classification of Diseases, Ninth Edition (ICD-9), International Classification of Diseases, Tenth Edition (ICD-10), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology (CPT) codes are provided by Optum360. National Drug Codes (NDCs) are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."



**Appendix G. Specifications Defining Parameters for Switching in this Request**

This request examined characteristics of patients with rheumatoid arthritis or ulcerative colitis receiving tofacitinib and tumor necrosis factor inhibitors (TNFi) in the Sentinel Distributed Database (SDD) along with the switching patterns between these exposures.

**Query period:** November 1, 2012 - September 30, 2019  
**Coverage requirement:** Medical and drug  
**Pre-index enrollment requirement:** 365 days  
**Enrollment gap:** 45 days  
**Age groups:** 18-44, 45-65, 65+ years  
**Stratifications:** None

**Treatment Pathways**

Scenario	Switch Evaluation Step Value	Switch Groups	Switch Cohort Definition	Switch Pattern Cohort Inclusion Strategy	Gap Tolerance	Overlap Tolerance <sup>1</sup>	Switch Gap Inclusion Indicator	Exclusion Criteria <sup>2</sup>	Exclusion Window <sup>2</sup>	Censoring Criteria
1	0	Minor Disease-Modifying Anti-Rheumatic Drugs (DMARDs) <sup>3</sup>	Include all valid switch pattern episodes	Cohort includes all valid exposure episodes during query period	15 days	99%	Gaps between episodes will be counted as part of the overall switch pattern duration	None	N/A	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
	1	TNFi								
	2	Tofacitinib								
2	0	Minor DMARDs <sup>3</sup>	Include all valid switch pattern episodes	Cohort includes all valid exposure episodes during query period	15 days	99%	Gaps between episodes will be counted as part of the overall switch pattern duration	TNFi Use	Ever	*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
	1	Tofacitinib								
3	0	TNFi <sup>3</sup>	Include all valid switch pattern episodes	Cohort includes all valid exposure episodes during query period	15 days	99%	Gaps between episodes will be counted as part of the overall switch pattern duration			*Death; *Data Partner End Date; *Query End Date; *Disenrollment; *Product discontinuation
	1	Tofacitinib								

International Classification of Diseases, Ninth Edition (ICD-9), International Classification of Diseases, Tenth Edition (ICD-10), Healthcare Common Procedure Coding System (HCPCS), and Current Procedural Terminology (CPT) codes are provided by Optum360. National Drug Codes (NDCs) are checked against First Data Bank's "National Drug Data File (NDDF®) Plus."

<sup>1</sup>Overlap tolerance indicates allowable percent of overlap days (of prior evaluation step treatment episode) in between treatment episodes identified in current and prior switch pattern evaluation steps, in order for treatment pattern to be identified as a switch.

<sup>2</sup>Exclusion Criteria only apply to Switch Evaluation Step 0

<sup>3</sup>These scenarios will also be included in the Utilization output (Tables 1-7)

**Appendix H. Specifications Defining Parameters for Covariates in this Request**
**Covariates**

<b>Covariate</b>	<b>Unit</b>	<b>Care setting</b>	<b>Evaluation period start</b>	<b>Evaluation period end</b>	<b>Exclude evidence of days supply if covariate includes dispensings</b>	<b>Number of instances the covariate should be found in evaluation period</b>
Comorbidity Score	Score	N/A	-365	-1	N/A	N/A
<b>Indications</b>						
Ulcerative Colitis	Yes/No	Any care setting	-365	-1	N/A	1
Rheumatoid Arthritis	Yes/No	Any care setting	-365	-1	N/A	1
<b>Laboratory</b>						
Erythrocyte Sedimentation Rate (ESR)	Number	Any care setting	-365	-1	N/A	1
C-reactive Protein (CRP)	Number	Any care setting	-365	-1	N/A	1
Complete Blood Count (CBC)	Number	Any care setting	-365	-1	N/A	1
Chem panels or Electrolytes	Number	Any care setting	-365	-1	N/A	1
Rheumatoid factor quantitative	Number	Any care setting	-365	-1	N/A	1
Anti-cyclic citrullinated peptide	Number	Any care setting	-365	-1	N/A	1
Arthritis Panel	Number	Any care setting	-365	-1	N/A	1
<b>Radiology</b>						
Radiographs	Yes/No	Any care setting	-365	-1	N/A	1
	Number	Any care setting	-365	-1	N/A	1
Hand or foot (toes, fingers, wrist)	Yes/No	Any care setting	-365	-1	N/A	1
C-spine	Yes/No	Any care setting	-365	-1	N/A	1
<b>Procedures</b>						
Any surgery	Number	Any care setting	-365	-1	N/A	1
Hand surgery	Number	Any care setting	-365	-1	N/A	1
Joint injections	Number	Any care setting	-365	-1	N/A	1
<b>Comorbidity</b>						
Rheumatoid lung involvement	Yes/No	Any care setting	-365	-1	N/A	1
Felty's syndrome	Yes/No	Any care setting	-365	-1	N/A	1
Sjogrens syndrome	Yes/No	Any care setting	-365	-1	N/A	1
<b>Assistive Devices</b>						
Cane	Yes/No	Any care setting	-365	-1	N/A	1
Crutch	Yes/No	Any care setting	-365	-1	N/A	1
Walker	Yes/No	Any care setting	-365	-1	N/A	1
Wheelchair	Yes/No	Any care setting	-365	-1	N/A	1
<b>Medications Dispensed</b>						
Nonsteroidal Anti-Inflammatory Drug (NSAID)	Number	N/A	-365	-1		1
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)	Number	N/A	-365	-1		1
Methotrexate	Yes/No	N/A	-365	-1		1
Leflunomide	Yes/No	N/A	-365	-1		1

**Appendix H. Specifications Defining Parameters for Covariates in this Request**

**Covariates**

<b>Covariate</b>	<b>Unit</b>	<b>Care setting</b>	<b>Evaluation period start</b>	<b>Evaluation period end</b>	<b>Exclude evidence of days supply if covariate includes dispensings</b>	<b>Number of instances the covariate should be found in evaluation period</b>
Sulfasalazine	Yes/No	N/A	-365	-1		1
Hydroxychloroquine	Yes/No	N/A	-365	-1		1
Azathioprine	Yes/No	N/A	-365	-1		1
Tumor Necrosis Factor Inhibitors (TNFi)	Yes/No	N/A	-365	-1		1
Other biologics	Yes/No	N/A	-365	-1		1
Tofacitinib	Yes/No	N/A	-365	-1		1
Smoking cessation medication	Yes/No	N/A	-365	-1		1
<b>Standard Utilization Metrics</b>						
Ambulatory encounters (AV)	Number	AV	-365	-1	N/A	N/A
Emergency room encounters (ED)	Number	ED	-365	-1	N/A	N/A
Inpatient hospital encounters (IP)	Number	IP	-365	-1	N/A	N/A
Non-acute institutional encounters (IS)	Number	IS	-365	-1	N/A	N/A
Other ambulatory encounters (OA)	Number	OA	-365	-1	N/A	N/A
Filled medical prescriptions (RX)	Number	N/A	-365	-1	N/A	N/A
Generics	Number	N/A	-365	-1	N/A	N/A
Unique drug classes	Number	N/A				

Appendix I. Diagram Detailing the Design of the Request

