

**Prior Authorization required for the medical procedures/services below  
(contracted and non-contracted providers):**

**ABORTION (According to HHSC Guidelines)**

<b>CPT Codes</b>	<b>Descriptions</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>CHIP</b>	<b>HMO</b>	<b>ASO</b>
59840	Induced abortion, by dilation and curettage	x	x	x	x	x <sup>1</sup>
59841	Induced abortion, by dilation and evacuation	x	x	x	x	x <sup>1</sup>
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
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;	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
59866	Multifetal pregnancy reduction(s) (MPR)	x	x	x	x	x <sup>1</sup>

**ALLERGEN IMMUNOTHERAPY SERVICES**

**unless services provided by an Allergist or Immunologist**

CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	x	x	x	x	x <sup>1</sup>
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	x	x	x	x	x <sup>1</sup>
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	x	x	x	x	x <sup>1</sup>
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	x	x	x	x	x <sup>1</sup>
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	x	x	x	x	x <sup>1</sup>
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	x	x	x	x	x <sup>1</sup>
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	x	x	x	x	x <sup>1</sup>
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	x	x	x	x	x <sup>1</sup>
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	x	x	x	x	x <sup>1</sup>
95144	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)	x	x	x	x	x <sup>1</sup>
95145	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom	x	x	x	x	x <sup>1</sup>

95146	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms	x	x	x	x	x <sup>1</sup>
95147	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms	x	x	x	x	x <sup>1</sup>
95148	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms	x	x	x	x	x <sup>1</sup>
95149	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms	x	x	x	x	x <sup>1</sup>
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	x	x	x	x	x <sup>1</sup>
95170	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)	x	x	x	x	x <sup>1</sup>
95180	Rapid esensitization procedure, each hour (eg,insulin, penicillin, equine serum)	x	x	x	x	x <sup>1</sup>
95199	Unlisted allergy/clinical immunologic service or procedure	x	x	x	x	x <sup>1</sup>

BARIATRIC SURGERY						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	x	x	NA	NA	x <sup>1</sup>
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	x	x	NA	NA	x <sup>1</sup>
43659	Unlisted laparoscopy procedure, stomach	x	x	NA	NA	x <sup>1</sup>
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	x	x	NA	NA	x <sup>1</sup>

43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	x	x	NA	NA	x <sup>1</sup>
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	x	x	NA	NA	x <sup>1</sup>
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	x	x	NA	NA	x <sup>1</sup>
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	x	x	NA	NA	x <sup>1</sup>
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	x	x	NA	NA	x <sup>1</sup>
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	x	x	NA	NA	x <sup>1</sup>
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	x	x	NA	NA	x <sup>1</sup>
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)	x	x	NA	NA	x <sup>1</sup>
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	x	x	NA	NA	x <sup>1</sup>
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	x	x	NA	NA	x <sup>1</sup>
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	x	x	NA	NA	x <sup>1</sup>
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	x	x	NA	NA	x <sup>1</sup>
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	x	x	NA	NA	x <sup>1</sup>
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	x	x	NA	NA	x <sup>1</sup>
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	x	x	NA	NA	x <sup>1</sup>

0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	x	x	NA	NA	x <sup>1</sup>
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	x	x	NA	NA	x <sup>1</sup>
43620	Gastrectomy, total; with esophagoenterostomy	x	x	NA	NA	x <sup>1</sup>
43621	with Roux-hyphenen-hyphenY reconstruction	x	x	NA	NA	x <sup>1</sup>
43622	with formation of intestinal pouch, any type	x	x	NA	NA	x <sup>1</sup>
43631	Gastrectomy, partial, distal; with gastroduodenostomy	x	x	NA	NA	x <sup>1</sup>
43632	with gastrojejunostomy	x	x	NA	NA	x <sup>1</sup>
43633	with Roux-hyphenen-hyphenY reconstruction	x	x	NA	NA	x <sup>1</sup>
43634	with formation of intestinal pouch	x	x	NA	NA	x <sup>1</sup>
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)	x	x	NA	NA	x <sup>1</sup>
47000	Biopsy of liver, needle; percutaneous [in the absence of signs or symptoms of liver disease (e.g., elevated liver enzymes, enlarged liver)]	x	x	x	x	x <sup>1</sup>
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) [in the absence of signs or symptoms of liver disease (e.g., elevated liver disease, enlarged liver)]	x	x	x	x	x <sup>1</sup>
47100	Biopsy of liver, wedge [in the absence of signs or symptoms of liver disease (e.g., elevated liver disease, enlarged liver)]	x	x	x	x	x <sup>1</sup>
43659	Unlisted laparoscopy procedure, stomach	x	x	x	x	x <sup>1</sup>
43999	Unlisted procedure, stomach	x	x	x	x	x <sup>1</sup>
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	x	x	NA	NA	x <sup>1</sup>
S9449	Weight management classes, non-hyphenphysician provider, per session	x	x	NA	NA	x <sup>1</sup>
S9451	Exercise classes, non-hyphenphysician provider, per session	x	x	NA	NA	x <sup>1</sup>
S9452	Nutrition classes, non-hyphenphysician provider, per session	x	x	NA	NA	x <sup>1</sup>
15876	Suction assisted lipectomy; head and neck	x	x	NA	NA	x <sup>1</sup>
15877	Suction assisted lipectomy; trunk	x	x	NA	NA	x <sup>1</sup>
15878	Suction assisted lipectomy; trunk	x	x	NA	NA	x <sup>1</sup>

15879	Suction assisted lipectomy; lower extremity	x	x	NA	NA	x <sup>1</sup>
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BLEHPAROPLASTY (under Cosmetic)						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
15820	Blepharoplasty, lower eyelid;	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15822	Blepharoplasty, upper eyelid;	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67900	Repair of brow ptosis (supraciliary, mid-hyphenforehead or coronal approach)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67902	frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67903	(tarso) levator resection or advancement, internal approach	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67904	(tarso) levator resection or advancement, external approach	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67906	superior rectus technique with fascial sling (includes obtaining fascia)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67908	conjunctivo-hyphen tarso-hyphen Muller's muscle-hyphen levator resection (e.g., Fasanella-hyphen Servat type)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67909	Reduction of overcorrection	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67914	Repair of ectropion; suture	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67915	thermocauterization	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67916	excision tarsal wedge	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67917	extensive (eg, tarsal strip operations)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67921	Repair of entropion; suture	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67922	thermocauterization	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67923	excision tarsal wedge	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
67924	extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
21280	Medial canthopexy	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
21282	Lateral canthopexy	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>

61330	Decompression of orbit only, transcranial approach	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
67445	Orbitotomy with bone flap or window, lateral approach (e.g., Kroenlein); with removal of bone for decompression	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
67950	Canthoplasty (reconstruction of canthus)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

<b>COSMETIC PROCEDURES or Surgeries</b>						
<b>CPT Codes</b>	<b>Descriptions</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>CHIP</b>	<b>HMO</b>	<b>ASO</b>
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>

11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA



11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
15775	Punch graft for hair transplant; 1 to 15 punch grafts	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15776	Punch graft for hair transplant; more than 15 punch grafts	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15781	Dermabrasion; segmental, face	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15782	Dermabrasion; regional, other than face	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15786	Abrasion; single lesion (eg, keratosis, scar)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15788	Chemical peel, facial; epidermal	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15789	Chemical peel, facial; dermal	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15792	Chemical peel, nonfacial; epidermal	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15793	Chemical peel, nonfacial; dermal	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15819	Cervicoplasty	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15820	Blepharoplasty, lower eyelid;	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15822	Blepharoplasty, upper eyelid;	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
15824	Rhytidectomy; forehead	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15826	Rhytidectomy; glabellar frown lines	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA

15828	Rhytidectomy; cheek, chin, and neck	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15840	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
15845	Graft for facial nerve paralysis; regional muscle transfer	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15876	Suction assisted lipectomy; head and neck	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15877	Suction assisted lipectomy; trunk	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15878	Suction assisted lipectomy; upper extremity	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
15879	Suction assisted lipectomy; lower extremity	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
17340	Cryotherapy (CO2 slush, liquid N2) for acne	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
17360	Chemical exfoliation for acne (eg, acne paste, acid)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
17380	Electrolysis epilation, each 30 minutes	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
17380	Electrolysis epilation, each 30 minutes	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19316	Mastopexy	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19318	Reduction mammoplasty	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
19300	Mastectomy for gynecomastia	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19324	Mammoplasty, augmentation; without prosthetic implant	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19325	Mammoplasty, augmentation; with prosthetic implant	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19328	Removal of intact mammary implant	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19330	Removal of mammary implant material	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
19350	Nipple/areola reconstruction	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
19355	Correction of inverted nipples	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
19370	Open periprosthetic capsulotomy, breast	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19371	Periprosthetic capsulectomy, breast	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
19380	Revision of reconstructed breast	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

19396	Preparation of moulage for custom breast implant	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21121	Genioplasty; sliding osteotomy, single piece	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21125	Augmentation, mandibular body or angle; prosthetic material	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21137	Reduction forehead; contouring only	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21209	Osteoplasty, facial bones; reduction	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
21270	Malar augmentation, prosthetic material	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21280	Medial canthopexy (separate procedure)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21282	Lateral canthopexy	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21497	Interdental wiring, for condition other than fracture	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
21740	Reconstructive repair of pectus excavatum or carinatum; open	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
26590	Repair macrodactylia, each digit	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30120	Excision or surgical planing of skin of nose for rhinophyma	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

30150	Rhinectomy; partial	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
30160	Rhinectomy; total	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30420	Rhinoplasty, primary; including major septal repair	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
31830	Revision of tracheostomy scar	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
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	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37250	Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37718	Ligation, division, and stripping, short saphenous vein	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
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	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>



37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
40500	Vermilionectomy (lip shave), with mucosal advancement	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
40510	Excision of lip; transverse wedge excision with primary closure	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
40520	Excision of lip; V-excision with primary direct linear closure	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
40525	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
40530	Resection of lip, more than one-fourth, without reconstruction	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
41820	Gingivectomy, excision gingiva, each quadrant	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
41821	Operculectomy, excision pericoronal tissues	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
54660	Insertion of testicular prosthesis (separate procedure)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
56620	Vulvectomy simple; partial	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
56800	Plastic repair of introitus	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
56805	Clitoroplasty for intersex state	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
57291	Construction of artificial vagina; without graft	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
57292	Construction of artificial vagina; with graft	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
57335	Vaginoplasty for intersex state	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA

67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
67909	Reduction of overcorrection of ptosis	x <sup>6</sup>	x <sup>6</sup>	NA	x <sup>6</sup>	x <sup>6</sup>
69090	Ear piercing	NA	NA	NA	NA	NA
69300	Otoplasty, protruding ear, with or without size reduction	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
0419T	Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
0437T	Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8010	Breast prosthesis, mastectomy sleeve	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8020	Breast prosthesis, mastectomy form	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8030	Breast prosthesis, silicone or equal, without integral adhesive	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8031	Breast prosthesis, silicone or equal, with integral adhesive	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8032	Nipple prosthesis, reusable, any type, each	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
L8039	Breast prosthesis, not otherwise specified	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8040	Nasal prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA

L8041	Midfacial prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8042	Orbital prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8043	Upper facial prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8044	Hemi-facial prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8045	Auricular prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8046	Partial facial prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8047	Nasal septal prosthesis, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8048	Unspecified maxillofacial prosthesis, by report, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a nonphysician	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8600	Implantable breast prosthesis, silicone or equal	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
L8610	Ocular implant	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
Q2026	Injection, Radiesse, 0.1 ml	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
Q2028	Injection, sculptra, 0.5 mg	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
Q3031	Collagen skin test	x <sup>6</sup>	x <sup>6</sup>	NA	NA	NA
V2623	Prosthetic eye, plastic, custom	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
V2624	Polishing/resurfacing of ocular prosthesis	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
V2625	Enlargement of ocular prosthesis	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
V2626	Reduction of ocular prosthesis	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
V2627	Scleral cover shell	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
V2628	Fabrication and fitting of ocular conformer	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
V2629	Prosthetic eye, other type	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	x	x	x	x	x
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	x	x	x	x	x
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	x	x	x	x	x

54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	x	x	x	x	x
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	x	x	x	x	x
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	x	x	x	x	x
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	x	x	x	x	x
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	x	x	x	x	x
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	x	x	x	x	x
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	x	x	x	x	x
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>
96999	Unlisted special dermatological service or procedure	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>	x <sup>6</sup>

<b>DENTAL - ORAL MAXILLOFACIAL SURGERY (including orthognathic surgery)</b>						
<b>CPT Codes</b>	<b>Descriptions</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>CHIP</b>	<b>HMO</b>	<b>ASO</b>
21076	Impression and custom preparation; surgical obturator prosthesis	x	x	x	x	x <sup>1</sup>
21077	Impression and custom preparation; orbital prosthesis	x	x	x	x	x <sup>1</sup>
21079	Impression and custom preparation; interim obturator prosthesis	x	x	x	x	x <sup>1</sup>
21080	Impression and custom preparation; definitive obturator prosthesis	x	x	x	x	x <sup>1</sup>

21081	Impression and custom preparation; mandibular resection prosthesis	x	x	x	x	x <sup>1</sup>
21082	Impression and custom preparation; palatal augmentation prosthesis	x	x	x	x	x <sup>1</sup>
21083	Impression and custom preparation; palatal lift prosthesis	x	x	x	x	x <sup>1</sup>
21084	Impression and custom preparation; speech aid prosthesis	x	x	x	x	x <sup>1</sup>
21085	Impression and custom preparation; oral surgical splint	x	x	x	x	x <sup>1</sup>
21086	Impression and custom preparation; auricular prosthesis	x	x	x	x	x <sup>1</sup>
21087	Impression and custom preparation; nasal prosthesis	x	x	x	x	x <sup>1</sup>
21088	Impression and custom preparation; facial prosthesis	x	x	x	x	x <sup>1</sup>
21089	Unlisted maxillofacial prosthetic procedure	x	x	x	x	x <sup>1</sup>
21299	Unlisted craniofacial and maxillofacial procedure	x	x	x	x	x <sup>1</sup>
21085	Impression and custom preparation; oral surgical splint	x	x	x	x	x <sup>1</sup>
41899	Unlisted procedure, dentoalveolar structures	x	x	x	x	x <sup>1</sup>
00100	Anesthesia for procedures on salivary glands, including biopsy	x	x	x	x	x <sup>1</sup>
00102	Anesthesia for procedures involving plastic repair of cleft lip	x	x	x	x	x <sup>1</sup>
00170	Anesthesia for intraoral procedures, including biopsy; not otherwise specified	x	x	x	x	x <sup>1</sup>
00172	Anesthesia for intraoral procedures, including biopsy; repair of cleft palate	x	x	x	x	x <sup>1</sup>
00174	Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor	x	x	x	x	x <sup>1</sup>
00176	Anesthesia for intraoral procedures, including biopsy; radical surgery	x	x	x	x	x <sup>1</sup>
00190	Anesthesia for procedures on facial bones or skull; not otherwise specified	x	x	x	x	x <sup>1</sup>
00192	Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)	x	x	x	x	x <sup>1</sup>
21010	Arthrotomy, temporomandibular joint	x	x	x	x	x <sup>1</sup>
21025	Excision of bone (e.g., osteomyelitis or bone abscess); mandible	x	x	x	x	x <sup>1</sup>
21026	facial bone(s)	x	x	x	x	x <sup>1</sup>
21030	Excision of benign tumor or cyst maxilla or zygoma by enucleation and curettage	x	x	x	x	x <sup>1</sup>
21031	Excision of torus mandibularis	x	x	x	x	x <sup>1</sup>
21032	Excision of maxillary torus palatinus	x	x	x	x	x <sup>1</sup>
21034	Excision of malignant tumor of maxilla or zygoma	x	x	x	x	x <sup>1</sup>

21040	Excision of benign tumor or cyst of mandible, by enucleation and curettage	x	x	x	x	x <sup>1</sup>
21044	Excision of malignant tumor of mandible;	x	x	x	x	x <sup>1</sup>
21045	radical resection	x	x	x	x	x <sup>1</sup>
21046	Excision of benign tumor or cyst of mandible; requiring intra-hyphenoral osteotomy (e.g., locally aggressive or destructive lesion(s))	x	x	x	x	x <sup>1</sup>
21047	requiring extra-hyphenoral osteotomy and partial mandibulectomy (e.g., locally aggressive or destructive lesion(s))	x	x	x	x	x <sup>1</sup>
21048	Excision of benign tumor or cyst of maxilla; requiring intra-hyphenoral osteotomy (e.g., locally aggressive or destructive lesion(s))	x	x	x	x	x <sup>1</sup>
21049	requiring extra-hyphenoral osteotomy and partial maxillectomy (e.g., locally aggressive or destructive lesion(s))	x	x	x	x	x <sup>1</sup>
21050	Condylectomy, temporomandibular joint (separate procedure)	x	x	x	x	x <sup>1</sup>
21060	Meniscectomy, partial or complete, temporomandibular joint (separate Procedure)	x	x	x	x	x <sup>1</sup>
21070	Coronoidectomy (separate procedure)	x	x	x	x	x <sup>1</sup>
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	x	x	x	x	x <sup>1</sup>
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	x	x	x	x	x <sup>1</sup>
21116	Injection procedure for temporomandibular joint arthrography	x	x	x	x	x <sup>1</sup>
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome),without bone graft	x	x	x	x	x <sup>1</sup>
21142	two pieces, segment movement in any direction, without bone graft	x	x	x	x	x <sup>1</sup>
21143	three or more pieces, segment movement in any direction, without bone graft	x	x	x	x	x <sup>1</sup>
21145	single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	x	x	x	x	x <sup>1</sup>
21146	two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)	x	x	x	x	x <sup>1</sup>
21147	three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)	x	x	x	x	x <sup>1</sup>

21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-hyphenCollins Syndrome)	x	x	x	x	x <sup>1</sup>
21151	Any direction, requiring bone grafts (includes obtaining autografts)	x	x	x	x	x <sup>1</sup>
21154	Reconstruction midface, LeFort III; (extracranial and intracranial) any type, requiring bone grafts (includes obtaining autografts); without Lefort I	x	x	x	x	x <sup>1</sup>
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I.	x	x	x	x	x <sup>1</sup>
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I.	x	x	x	x	x <sup>1</sup>
21193	Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft	x	x	x	x	x <sup>1</sup>
21194	with bone graft (includes obtaining graft)	x	x	x	x	x <sup>1</sup>
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	x	x	x	x	x <sup>1</sup>
21196	with internal rigid fixation	x	x	x	x	x <sup>1</sup>
21198	Osteotomy, mandible, segmental;	x	x	x	x	x <sup>1</sup>
21199	with genioglossus advancement	x	x	x	x	x <sup>1</sup>
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)	x	x	x	x	x <sup>1</sup>
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	x	x	x	x	x <sup>1</sup>
21209	reduction	x	x	x	x	x <sup>1</sup>
21210	Graft, bone, nasal, maxillary or malar areas (includes obtaining graft)	x	x	x	x	x <sup>1</sup>
21215	mandible (includes obtaining graft)	x	x	x	x	x <sup>1</sup>
21240	Arthroplasty, temporomandibular joint, with or without autograft includes obtaining grafts)	x	x	x	x	x <sup>1</sup>
21242	Arthroplasty, temporomandibular joint, with allograft	x	x	x	x	x <sup>1</sup>
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	x	x	x	x	x <sup>1</sup>
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)	x	x	x	x	x <sup>1</sup>
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	x	x	x	x	x <sup>1</sup>
21246	complete	x	x	x	x	x <sup>1</sup>

21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)	x	x	x	x	x <sup>1</sup>
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder): partial	x	x	x	x	x <sup>1</sup>
21249	complete	x	x	x	x	x <sup>1</sup>
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	x	x	x	x	x <sup>1</sup>
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach	x	x	x	x	x <sup>1</sup>
21296	intraoral approach	x	x	x	x	x <sup>1</sup>
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	x	x	x	x	x <sup>1</sup>
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	x	x	x	x	x <sup>1</sup>
21423	complicated (comminuted or involving cranial nerve foramina), multiple approaches	x	x	x	x	x <sup>1</sup>
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	x	x	x	x	x <sup>1</sup>
21432	Open treatment of craniofacial separation (LeFort III type) with wiring and/or internal fixation	x	x	x	x	x <sup>1</sup>
21433	complicated (comminuted or involving cranial nerve foramina), multiple surgical approaches	x	x	x	x	x <sup>1</sup>
21435	complicated, utilizing internal and/or external fixation techniques (e.g., head cap, halo device, and/or intermaxillary fixation)	x	x	x	x	x <sup>1</sup>
21436	complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	x	x	x	x	x <sup>1</sup>
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	x	x	x	x	x <sup>1</sup>
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	x	x	x	x	x <sup>1</sup>
21450	Closed treatment of mandibular fracture; without manipulation	x	x	x	x	x <sup>1</sup>
21451	with manipulation	x	x	x	x	x <sup>1</sup>
21452	Percutaneous treatment of mandibular fracture, with external fixation	x	x	x	x	x <sup>1</sup>
21453	Closed treatment of mandibular fracture with interdental fixation	x	x	x	x	x <sup>1</sup>



21454	Open treatment of mandibular fracture with external fixation	x	x	x	x	x <sup>1</sup>
21461	Open treatment of mandibular fracture; without interdental fixation	x	x	x	x	x <sup>1</sup>
21462	with interdental fixation	x	x	x	x	x <sup>1</sup>
21465	Open treatment of mandibular condylar fracture	x	x	x	x	x <sup>1</sup>
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	x	x	x	x	x <sup>1</sup>
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	x	x	x	x	x <sup>1</sup>
21485	complicated (e.g., recurrent requiring intermaxillary fixation or splinting) initial or subsequent	x	x	x	x	x <sup>1</sup>
21490	Open treatment of temporomandibular dislocation	x	x	x	x	x <sup>1</sup>
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	x	x	x	x	x <sup>1</sup>
41826	with simple repair	x	x	x	x	x <sup>1</sup>
41827	with complex repair	x	x	x	x	x <sup>1</sup>
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	x	x	x	x	x <sup>1</sup>
41850	Destruction of lesion (except excision), dentoalveolar structures	x	x	x	x	x <sup>1</sup>
41874	Alveoplasty, each quadrant (specify)	x	x	x	x	x <sup>1</sup>
42280	Maxillary impression for palatal prosthesis	x	x	x	x	x <sup>1</sup>
42281	Insertion of pin-hyphenretained palatal prosthesis	x	x	x	x	x <sup>1</sup>
70300	Radiologic examination, teeth; single view	x	x	x	x	x <sup>1</sup>
70310	Radiologic examination, teeth; partial examination, less than full mouth	x	x	x	x	x <sup>1</sup>
70320	Radiologic examination, teeth; complete, full mouth	x	x	x	x	x <sup>1</sup>
42200	Palatoplasty for cleft palate, soft and/or hard palate only	x	x	x	x	x <sup>1</sup>
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	x	x	x	x	x <sup>1</sup>
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	x	x	x	x	x <sup>1</sup>
42215	Palatoplasty for cleft palate; major revision	x	x	x	x	x <sup>1</sup>
42220	Palatoplasty for cleft palate; secondary lengthening procedure	x	x	x	x	x <sup>1</sup>
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	x	x	x	x	x <sup>1</sup>
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	x	x	x	x	x <sup>1</sup>

77402	Radiation treatment delivery, =>1 MeV; simple	x	x	x	x	x <sup>1</sup>
77407	Radiation treatment delivery, =>1 MeV; intermediate	x	x	x	x	x <sup>1</sup>
77412	Radiation treatment delivery, => 1 MeV; complex	x	x	x	x	x <sup>1</sup>

<b>Dental General Anesthesia - refer to the HHSC guideline Medicaid</b>	<b>CHIP</b>	<b>HMO</b>
	x	x

<b>HYSTERECTOMY</b>						
<b>CPT Codes</b>	<b>Descriptions</b>	<b>STAR</b>	<b>STAR Kids</b>	<b>CHIP</b>	<b>HMO</b>	<b>ASO</b>
51925	Closure of vesicouterine fistula; with hysterectomy	x	x	x	x	x <sup>1</sup>
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
58260	Vaginal hysterectomy, for uterus 250 g or less;	x	x	x	x	x <sup>1</sup>

58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	x	x	x	x	x <sup>1</sup>
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	x	x	x	x	x <sup>1</sup>
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	x	x	x	x	x <sup>1</sup>
58275	Vaginal hysterectomy, with total or partial vaginectomy;	x	x	x	x	x <sup>1</sup>
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	x	x	x	x	x <sup>1</sup>
58285	Vaginal hysterectomy, radical (Schauta type operation)	x	x	x	x	x <sup>1</sup>
58290	Vaginal hysterectomy, for uterus greater than 250 g;	x	x	x	x	x <sup>1</sup>
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	x	x	x	x	x <sup>1</sup>
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	x	x	x	x	x <sup>1</sup>
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	x	x	x	x	x <sup>1</sup>
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	x	x	x	x	x <sup>1</sup>
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	x	x	x	x	x <sup>1</sup>
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	x	x	x	x	x <sup>1</sup>
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>

58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	x	x	x	x	x <sup>1</sup>
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	x	x	x	x	x <sup>1</sup>
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58572	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	x	x	x	x	x <sup>1</sup>
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;	x	x	x	x	x <sup>1</sup>
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	x	x	x	x	x <sup>1</sup>
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy	x	x	x	x	x <sup>1</sup>
59135	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	x	x	x	x	x <sup>1</sup>
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	x	x	x	x	x <sup>1</sup>

IMPLANTABLE DEVICES (e.g. Interspinous Process Decompressors) - includes trials						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	x	x	x	x	x <sup>1</sup>

0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	x	x	x	x	x <sup>1</sup>
11976	Removal, implantable contraceptive capsules	x	x	x	x	x <sup>1</sup>
11981	Insertion, non-biodegradable drug delivery implant	x	x	x	x	x <sup>1</sup>
11982	Removal, non-biodegradable drug delivery implant	x	x	x	x	x <sup>1</sup>
19324	Mammoplasty, augmentation; with prosthetic implant	x	x	x	x	x <sup>1</sup>
19325	Mammoplasty, augmentation; with prosthetic implant	x	x	x	x	x <sup>1</sup>
19328	Removal of intact mammary implant	x	x	x	x	x <sup>1</sup>
19330	Removal of mammary implant material	x	x	x	x	x <sup>1</sup>
19396	Preparation of moulage for custom breast implant	x	x	x	x	x <sup>1</sup>
24366	Arthroplasty, radial head; with implant	x	x	x	x	x <sup>1</sup>
24931	Amputation, arm through humerus; with implant	x	x	x	x	x <sup>1</sup>
25449	Revision of arthroplasty, including removal of implant, wrist joint	x	x	x	x	x <sup>1</sup>
26320	Removal of implant from finger or hand	x	x	x	x	x <sup>1</sup>
27702	Arthroplasty, ankle; with implant (total ankle)	x	x	x	x	x <sup>1</sup>
27704	Removal of ankle implant	x	x	x	x	x <sup>1</sup>
33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	x	x	x	x	x <sup>1</sup>
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	x	x	x	x	x <sup>1</sup>
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	x	x	x	x	x <sup>1</sup>
33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	x	x	x	x	x <sup>1</sup>
33223	Relocation of skin pocket for implantable defibrillator	x	x	x	x	x <sup>1</sup>
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	x	x	x	x	x <sup>1</sup>
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	x	x	x	x	x <sup>1</sup>
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	x	x	x	x	x <sup>1</sup>

33241	Removal of implantable defibrillator pulse generator only	x	x	x	x	x <sup>1</sup>
33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	x	x	x	x	x <sup>1</sup>
33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	x	x	x	x	x <sup>1</sup>
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	x	x	x	x	x <sup>1</sup>
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	x	x	x	x	x <sup>1</sup>
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	x	x	x	x	x <sup>1</sup>
33271	Insertion of subcutaneous implantable defibrillator electrode	x	x	x	x	x <sup>1</sup>
33272	Removal of subcutaneous implantable defibrillator electrode	x	x	x	x	x <sup>1</sup>
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	x	x	x	x	x <sup>1</sup>
33284	Removal of an implantable, patient-activated cardiac event recorder	x	x	x	x	x <sup>1</sup>
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	x	x	x	x	x <sup>1</sup>
36260	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)	x	x	x	x	x <sup>1</sup>
52441	ystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	x	x	x	x	x <sup>1</sup>
65093	Evisceration of ocular contents; with implant	x	x	x	x	x <sup>1</sup>
65103	Enucleation of eye; with implant, muscles not attached to implant	x	x	x	x	x <sup>1</sup>
65105	Enucleation of eye; with implant, muscles attached to implant	x	x	x	x	x <sup>1</sup>
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	x	x	x	x	x <sup>1</sup>
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	x	x	x	x	x <sup>1</sup>
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	x	x	x	x	x <sup>1</sup>
67175	Removal of ocular implant	x	x	x	x	x <sup>1</sup>
67550	Orbital implant (implant outside muscle cone); insertion	x	x	x	x	x <sup>1</sup>

67560	Orbital implant (implant outside muscle cone); removal or revision	x	x	x	x	x <sup>1</sup>
A4650	Implantable radiation dosimeter, each	x	x	x	x	x <sup>1</sup>
C1721	Cardioverter-defibrillator, dual chamber (implantable)	x	x	x	x	x <sup>1</sup>
C1722	Cardioverter-defibrillator, single chamber (implantable)	x	x	x	x	x <sup>1</sup>
C1760	Closure device, vascular (implantable/insertable)	x	x	x	x	x <sup>1</sup>
C1764	Event recorder, cardiac (implantable)	x	x	x	x	x <sup>1</sup>
C1767	Generator, neurostimulator (implantable), nonrechargeable	x	x	x	x	x <sup>1</sup>
C1776	Joint device (implantable)	x	x	x	x	x <sup>1</sup>
C1778	Lead, neurostimulator (implantable)	x	x	x	x	x <sup>1</sup>
C1781	Mesh (implantable)	x	x	x	x	x <sup>1</sup>
C1788	Port, indwelling (implantable)	x	x	x	x	x <sup>1</sup>
C1789	Prosthesis, breast (implantable)	x	x	x	x	x <sup>1</sup>
C1815	Prosthesis, urinary sphincter (implantable)	x	x	x	x	x <sup>1</sup>
C1816	Receiver and/or transmitter, neurostimulator (implantable)	x	x	x	x	x <sup>1</sup>
C1821	Interspinous process distraction device (implantable)	x	x	x	x	x <sup>1</sup>
C1881	Dialysis access system (implantable)	x	x	x	x	x <sup>1</sup>
C1891	Infusion pump, nonprogrammable, permanent (implantable)	x	x	x	x	x <sup>1</sup>
C1897	Lead, neurostimulator test kit (implantable)	x	x	x	x	x <sup>1</sup>
C2626	Infusion pump, nonprogrammable, temporary (implantable)	x	x	x	x	x <sup>1</sup>
C1817	Septal defect implant system, intracardiac	x	x	x	x	x <sup>1</sup>
C9364	Porcine implant, Permacol, per sq cm	x	x	x	x	x <sup>1</sup>
J7311	Fluocinolone acetonide, intravitreal implant	x	x	x	x	x <sup>1</sup>
J7330	Autologous cultured chondrocytes, implant	x	x	x	x	x <sup>1</sup>
J9202	Goserelin acetate implant, per 3.6 mg	x	x	x	x	x <sup>1</sup>
J9219	Leuprolide acetate implant, 65 mg	x	x	x	x	x <sup>1</sup>
J9225	Histrelin implant (Vantas), 50 mg	x	x	x	x	x <sup>1</sup>
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	x	x	x	x	x <sup>1</sup>
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	x	x	x	x	x <sup>1</sup>

E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	x	x	x	x	x <sup>1</sup>
L8600	Implantable breast prosthesis, silicone or equal	x	x	x	x	x <sup>1</sup>
L8610	Ocular implant	x	x	x	x	x <sup>1</sup>
L8613	Ossicula implant	x	x	x	x	x <sup>1</sup>
L8615	Headset/headpiece for use with cochlear implant device, replacement	x	x	x	x	x <sup>1</sup>
L8616	Microphone for use with cochlear implant device, replacement	x	x	x	x	x <sup>1</sup>
L8617	Transmitting coil for use with cochlear implant device, replacement	x	x	x	x	x <sup>1</sup>
L8627	Cochlear implant, external speech processor, component, replacement	x	x	x	x	x <sup>1</sup>
L8628	Cochlear implant, external controller component, replacement	x	x	x	x	x <sup>1</sup>
L8630	Metacarpophalangeal joint implant	x	x	x	x	x <sup>1</sup>
L8641	Metatarsal joint implant	x	x	x	x	x <sup>1</sup>
L8642	Hallux implant	x	x	x	x	x <sup>1</sup>
L8670	Vascular graft material, synthetic, implant	x	x	x	x	x <sup>1</sup>
L8680	Implantable neurostimulator electrode, each	x	x	x	x	x <sup>1</sup>
L8682	Implantable neurostimulator radiofrequency receiver	x	x	x	x	x <sup>1</sup>
L8699	Prosthetic implant, not otherwise specified	x	x	x	x	x <sup>1</sup>
S1090	Mometasone furoate sinus implant, 370 micrograms	x	x	x	x	x <sup>1</sup>
S2235	Implantation of auditory brain stem implant	x	x	x	x	x <sup>1</sup>
63650	Percutaneous implantation of neurostimulator electrode array, epidural [not covered for dorsal root ganglion stimulation]	x	x	x	x	x <sup>1</sup>
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	x	x	x	x	x <sup>1</sup>
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	x	x	x	x	x <sup>1</sup>
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	x	x	x	x	x <sup>1</sup>
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	x	x	x	x	x <sup>1</sup>
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	x	x	x	x	x <sup>1</sup>



63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	x	x	x	x	x <sup>1</sup>
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	x	x	x	x	x <sup>1</sup>

MAMMOPLASTY (Male or Female)						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
19318	Reduction mammoplasty	x	x	x	x	x <sup>1</sup>
19324	Mammoplasty, augmentation; without prosthetic implant	x	x	x	x	x <sup>1</sup>
19325	Mammoplasty, augmentation; with prosthetic implant	x	x	x	x	x <sup>1</sup>

OTOPLASTY (including Microtia repair)						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
69300	Otoplasty, protruding ear, with or without size reduction	x	x	x	x	x <sup>1</sup>
69399	Unlisted procedure, external ear	x	x	x	x	x <sup>1</sup>
DX	Q17.2 Microtia	x	x	x	x	x <sup>1</sup>

RHINOPLASTY/SEPTOPLASTY						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	x	x	x	x	x <sup>1</sup>
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	x	x	x	x	x <sup>1</sup>
30420	Rhinoplasty, primary; including major septal repair	x	x	x	x	x <sup>1</sup>
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	x	x	x	x	x <sup>1</sup>
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	x	x	x	x	x <sup>1</sup>
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	x	x	x	x	x <sup>1</sup>
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	x	x	x	x	x <sup>1</sup>

30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	x	x	x	x	x <sup>1</sup>
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	x	x	x	x	x <sup>1</sup>
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	x	x	x	x	x <sup>1</sup>

SCAR REVISION						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
15819	Cervicoplasty	x	x	x	x	x <sup>1</sup>
15820	Blepharoplasty, lower eyelid;	x	x	x	x	x <sup>1</sup>
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	x	x	x	x	x <sup>1</sup>
15822	Blepharoplasty, upper eyelid;	x	x	x	x	x <sup>1</sup>
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	x	x	x	x	x <sup>1</sup>
15824	Rhytidectomy; forehead	x	x	x	x	x <sup>1</sup>
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	x	x	x	x	x <sup>1</sup>
15826	Rhytidectomy; glabellar frown lines	x	x	x	x	x <sup>1</sup>
15828	Rhytidectomy; cheek, chin, and neck	x	x	x	x	x <sup>1</sup>
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	x	x	x	x	x <sup>1</sup>
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	x	x	x	x	x <sup>1</sup>
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	x	x	x	x	x <sup>1</sup>
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	x	x	x	x	x <sup>1</sup>
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	x	x	x	x	x <sup>1</sup>
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	x	x	x	x	x <sup>1</sup>
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	x	x	x	x	x <sup>1</sup>

11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	x	x	x	x	x <sup>1</sup>

12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	x	x	x	x	x <sup>1</sup>
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	x	x	x	x	x <sup>1</sup>
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	x	x	x	x	x <sup>1</sup>
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	x	x	x	x	x <sup>1</sup>
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	x	x	x	x	x <sup>1</sup>
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	x	x	x	x	x <sup>1</sup>
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	x	x	x	x	x <sup>1</sup>
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	x	x	x	x	x <sup>1</sup>
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	x	x	x	x	x <sup>1</sup>
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	x	x	x	x	x <sup>1</sup>
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	x	x	x	x	x <sup>1</sup>
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	x	x	x	x	x <sup>1</sup>
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	x	x	x	x	x <sup>1</sup>
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	x	x	x	x	x <sup>1</sup>

12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	x	x	x	x	x <sup>1</sup>
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	x	x	x	x	x <sup>1</sup>
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	x	x	x	x	x <sup>1</sup>
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	x	x	x	x	x <sup>1</sup>
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	x	x	x	x	x <sup>1</sup>
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	x	x	x	x	x <sup>1</sup>
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	x	x	x	x	x <sup>1</sup>
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	x	x	x	x	x <sup>1</sup>
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	x	x	x	x	x <sup>1</sup>
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	x	x	x	x	x <sup>1</sup>
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	x	x	x	x	x <sup>1</sup>
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	x	x	x	x	x <sup>1</sup>
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	x	x	x	x	x <sup>1</sup>
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>

14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	x	x	x	x	x <sup>1</sup>
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	x	x	x	x	x <sup>1</sup>
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm <sup>2</sup> or part thereof, or 1% of body surface area of infants and children	x	x	x	x	x <sup>1</sup>
0408T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm <sup>2</sup> , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	x	x	x	x	x <sup>1</sup>
77261	Therapeutic radiology treatment planning; simple	x	x	x	x	x <sup>1</sup>
77290	Therapeutic radiology simulation-aided field setting; complex	x	x	x	x	x <sup>1</sup>
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician	x	x	x	x	x <sup>1</sup>
77332	Treatment devices, design and construction; simple (simple block, simple bolus)	x	x	x	x	x <sup>1</sup>
77334	Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)	x	x	x	x	x <sup>1</sup>
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	x	x	x	x	x <sup>1</sup>
77402	Radiation treatment delivery, =>1 MeV; simple	x	x	x	x	x <sup>1</sup>
77407	Radiation treatment delivery, =>1 MeV; intermediate	x	x	x	x	x <sup>1</sup>
77412	Radiation treatment delivery, => 1 MeV; complex	x	x	x	x	x <sup>1</sup>
77431	Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only	x	x	x	x	x <sup>1</sup>

**VAGUS NERVE STIMULATION**

CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	x	x	x	x	x <sup>1</sup>
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	x	x	x	x	x <sup>1</sup>
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	x	x	x	x	x <sup>1</sup>
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	x	x	x	x	x <sup>1</sup>
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	x	x	x	x	x <sup>1</sup>
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	x	x	x	x	x <sup>1</sup>
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	x	x	x	x	x <sup>1</sup>
76998	Ultrasonic guidance, intraoperative	x	x	x	x	x <sup>1</sup>
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour	x	x	x	x	x <sup>1</sup>
95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)	x	x	x	x	x <sup>1</sup>

VARICOSE VEIN TREATMENT						
CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO

36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	x	x	x	x	x <sup>1</sup>
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	x	x	x	x	x <sup>1</sup>
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 t	x	x	x	x	x <sup>1</sup>
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	x	x	x	x	x <sup>1</sup>
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 fo	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	x	x	x	x	x <sup>1</sup>
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	x	x	x	x	x <sup>1</sup>
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	x	x	x	x	x <sup>1</sup>



75820	Venography, extremity, unilateral, radiological supervision and interpretation	x	x	x	x	x <sup>1</sup>
75822	Venography, extremity, bilateral, radiological supervision and interpretation	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	x	x	x	x	x <sup>1</sup>
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	x	x	x	x	x <sup>1</sup>
37799	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)	x	x	x	x	x <sup>1</sup>
S2202	Echosclerotherapy	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>

**Other CPT codes related to the Med Policy:**

CPT Codes	Descriptions	STAR	STAR Kids	CHIP	HMO	ASO
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	x	x	x	x	x <sup>1</sup>
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)	x	x	x	x	x <sup>1</sup>

17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	x	x	x	x	x <sup>1</sup>
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	x	x	x	x	x <sup>1</sup>
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	x	x	x	x	x <sup>1</sup>
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
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	x	x	x	x	x <sup>1</sup>
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	x	x	x	x	x <sup>1</sup>
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	x	x	x	x	x <sup>1</sup>
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	x	x	x	x	x <sup>1</sup>
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	x	x	x	x	x <sup>1</sup>
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	x	x	x	x	x <sup>1</sup>
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	x	x	x	x	x <sup>1</sup>
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	x	x	x	x	x <sup>1</sup>

17270	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	x	x	x	x	x <sup>1</sup>
17271	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	x	x	x	x	x <sup>1</sup>
17272	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	x	x	x	x	x <sup>1</sup>
17273	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	x	x	x	x	x <sup>1</sup>
17274	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	x	x	x	x	x <sup>1</sup>
17276	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	x	x	x	x	x <sup>1</sup>
17280	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	x	x	x	x	x <sup>1</sup>
17281	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	x	x	x	x	x <sup>1</sup>
17283	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	x	x	x	x	x <sup>1</sup>
17284	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	x	x	x	x	x <sup>1</sup>
17286	Destruction, malignant lesion (eg, laser surgery, electro-surgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	x	x	x	x	x <sup>1</sup>

**Endnotes**

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x<sup>4</sup> = Authorization for inpatient services is required from CFHP when services are obtained outside of University Hospital

x<sup>1</sup> = **UFCP Requests require** a TEXAS REFERRAL/AUTHORIZATION FORMS THAT MUST BE SIGNED BY THE PRIMARY CARE PROVIDER (PCP) OR

x<sup>2</sup> = Authorization not required for OON Emergency Room or Observation for ALL product lines

x<sup>3</sup> = ALL obesity treatment and surgery must be performed at University Hospital

x<sup>4</sup> = Requires authorization for Home Therapy. Maximum per Calendar Year = 60 visits per year

x<sup>5</sup> = Does not require authorization. Coverage based on diagnoses outlined in the Certificate of Coverage

x<sup>6</sup> = Any procedure that could be deemed as cosmetic requires authorization

NA=Not Applicable = Benefits not covered as per the date of this authorization list. Should services be covered after the date of this list, authorization will be required

NA\*=Not a benefit managed by Community First at this time ; however, these services are available through the Texas Department of State Health Services for the STAR line of business

Medicaid = STAR and STAR Kids

**BENEFIT COVERAGE MUST BE VERIFIED AT THE TIME OF THE REQUEST**

























































**ASO** These services are not a covered benefit for CHIP Perinate Members

x<sup>1</sup>