

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
10040	Acne surgery(eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
10060	Incision and drainage of abscess(eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia) simple or single
10061	Incision and drainage of abscess(eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia) complicated or multiple
10080	Incision and drainage of pilonidal cyst; simple
10081	Incision and drainage of pilonidal cyst; complicated
10120	Incision and removal of foreign body, subcutaneous tissues; simple
10121	Incision and removal of foreign body, subcutaneous tissues; complicated
10140	Incision and drainage of hematoma, seroma or fluid collection
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision and drainage, complex, postoperative wound infection
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface(List separately in addition to code for primary procedure)
11010	Debridement including removal of foreign material associated with open fracture (s) and/or dislocation(s); skin and subcutaneous tissues
11011	Debridement including removal of foreign material associated with open fracture (s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	Debridement including removal of foreign material associated with open fracture (s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11040	Debridement; skin, partial thickness
11041	Debridement; skin, full thickness
11042	Debridement; skin, and subcutaneous tissue
11043	Debridement; skin, subcutaneous tissue, and muscle
11044	Debridement; skin, subcutaneous tissue, muscle, and bone
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); single lesion
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions (List separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to

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

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CPT Code	Description
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm

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CPT Code	Description	
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter cm or less	0.5
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter to 1.0 cm	0.6
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter to 2.0 cm	1.1
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter to 3.0 cm	2.1
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter to 4.0 cm	3.1
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	
11720	Debridement of nail(s) by any method(s); one to five	
11721	Debridement of nail(s) by any method(s); six or more	
11730	Avulsion of nail plate, partial or complete, simple; single	
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	
11740	Evacuation of subungual hematoma	
11750	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal;	
11752	Excision of nail and nail matrix, partial or complete, (eg, ingrown or deformed nail) for permanent removal; with amputation of tuft of distal phalanx	
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	
11760	Repair of nail bed	
11762	Reconstruction of nail bed with graft	
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	
11770	Excision of pilonidal cyst or sinus; simple	
11771	Excision of pilonidal cyst or sinus; extensive	
11772	Excision of pilonidal cyst or sinus; complicated	
11900	Injection, intralesional; up to and including seven lesions	
11901	Injection, intralesional; more than seven lesions	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	

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CPT Code	Description
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 2.5 cm or less
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 2.6 cm to 7.5 cm
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 7.6 cm to 12.5 cm
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and /or extremities (including hands and feet); over 30.0 cm
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm

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CPT Code	Description
12020	Treatment of superficial wound dehiscence; simple closure
12021	Treatment of superficial wound dehiscence; with packing
12031	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less
12032	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm
12034	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12041	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
12042	Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm
12044	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12051	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
12052	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
12053	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
12054	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12057	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm

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CPT Code	Description
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13122	Repair, complex, scalp, arms, and /or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and /or feet; 1.1 cm to 2.5 cm
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and /or feet; 2.6 cm to 7.5 cm
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and /or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13153	Repair, complex, eyelids, nose, ears and /or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350	Filletted finger or toe flap, including preparation of recipient site
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	Split graft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15101	Split graft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary

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CPT Code	Description
	procedure)
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and /or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15121	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and /or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to c
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and /or legs; 20 sq cm or less
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and /or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and /or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and /or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and /or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and /or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)
15350	Application of allograft, skin; 100 sq cm or less
15400	Application of xenograft, skin; 100 sq cm or less
15570	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	Delay of flap or sectioning of flap (division and inset); at trunk
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15732	Muscle, myocutaneous, or fasciocutaneous flap; head and neck(eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk

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15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	Flap; island pedicle
15750	Flap; neurovascular pedicle
15756	Free muscle or myocutaneous flap with microvascular anastomosis
15757	Free skin flap with microvascular anastomosis
15758	Free fascial flap with microvascular anastomosis
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	Graft; derma-fat-fascia
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site, (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional four lesions or less(List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15810	Salabrasion; 20 sq cm or less
15811	Salabrasion; over 20 sq cm
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)

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CPT Code	Description
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15831	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	Graft for facial nerve paralysis; regional muscle transfer
15850	Removal of sutures under anesthesia (other than local), same surgeon
15851	Removal of sutures under anesthesia (other than local), other surgeon
15852	Dressing change (for other than burns) under anesthesia (other than local)
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated
20100	Exploration of penetrating wound (separate procedure); neck
20101	Exploration of penetrating wound (separate procedure); chest
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
20103	Exploration of penetrating wound (separate procedure); extremity
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through

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CPT Code	Description
	same fascial incision
20200	Biopsy, muscle; superficial
20205	Biopsy, muscle; deep
20206	Biopsy, muscle, percutaneous needle
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	Biopsy, bone, excisional; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	Biopsy, bone, excisional; deep (eg, humerus, ischium, femur)
20250	Biopsy, vertebral body, open; thoracic
20251	Biopsy, vertebral body, open; lumbar or cervical
20500	Injection of sinus tract; therapeutic (separate procedure)
20501	Injection of sinus tract; diagnostic (sinogram)
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
20550	Injection(s); tendon sheath, ligament
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes)
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)
20615	Aspiration and injection for treatment of bone cyst
20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)
20661	Application of halo, including removal; cranial
20662	Application of halo, including removal; pelvic
20663	Application of halo, including removal; femoral
20665	Removal of tongs or halo applied by another physician
20670	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)

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CPT Code	Description
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	Removal, under anesthesia, of external fixation system
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation
20838	Replantation, foot, complete amputation
20900	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	Bone graft, any donor area; major or large
20910	Cartilage graft; costochondral
20912	Cartilage graft; nasal septum
20920	Fascia lata graft; by stripper
20922	Fascia lata graft; by incision and area exposure, complex or sheet
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926	Tissue grafts, other (eg, paratenon, fat, dermis)
20930	Allograft for spine surgery only; morselized
20931	Allograft for spine surgery only; structural
20936	Autograft for spine surgery only(includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision
20937	Autograft for spine surgery only(includes harvesting the graft); morselized (through separate skin or fascial incision)
20938	Autograft for spine surgery only(includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision)
20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
20955	Bone graft with microvascular anastomosis; fibula
20956	Bone graft with microvascular anastomosis; iliac crest
20957	Bone graft with microvascular anastomosis; metatarsal
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)
20975	Electrical stimulation to aid bone healing; invasive (operative)
20999	Unlisted procedure, musculoskeletal system, general
21010	Arthrotomy, temporomandibular joint
21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	Excision of torus mandibularis
21032	Excision of maxillary torus palatinus
21034	Excision of malignant tumor of maxilla or zygoma
21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	Excision of malignant tumor of mandible;
21045	Excision of malignant tumor of mandible; radical resection
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	Coronoidectomy (separate procedure)
21076	Impression and custom preparation; surgical obturator prosthesis
21077	Impression and custom preparation; orbital prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21085	Impression and custom preparation; oral surgical splint

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21089	Unlisted maxillofacial prosthetic procedure
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116	Injection procedure for temporomandibular joint arthrography
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft(includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts(includes obtaining autografts)
21146	Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts(includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement(eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement(eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	Reconstruction superior/lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones(eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra - and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts(includes obtaining grafts); total area of bone grafting les
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra - and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts(includes obtaining grafts); total area of bone grafting gre
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra - and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts(includes obtaining grafts); total area of bone grafting gre
21188	Reconstruction midface, osteotomies(other than LeFort type) and bone grafts(includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts(includes obtaining grafts) (eg, for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts(includes obtaining autografts)(eg, micro -ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra - and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra - and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21299	Unlisted craniofacial and maxillofacial procedure
21300	Closed treatment of skull fracture without operation
21310	Closed treatment of nasal bone fracture without manipulation
21315	Closed treatment of nasal bone fracture; without stabilization

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
21320	Closed treatment of nasal bone fracture; with stabilization
21325	Open treatment of nasal fracture; uncomplicated
21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	Open treatment of nasal septal fracture, with or without stabilization
21337	Closed treatment of nasal septal fracture, with or without stabilization
21338	Open treatment of nasoethmoid fracture; without external fixation
21339	Open treatment of nasoethmoid fracture; with external fixation
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21343	Open treatment of depressed frontal sinus fracture
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and /or local fixation
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)
21385	Open treatment of orbital floor blowout fracture; transantral approach(Caldwell-Luc type operation)
21386	Open treatment of orbital floor blowout fracture; periorbital approach
21387	Open treatment of orbital floor blowout fracture; combined approach
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft(includes obtaining graft)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
21400	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	Closed treatment of fracture of orbit, except blowout; with manipulation
21406	Open treatment of fracture of orbit, except blowout; without implant
21407	Open treatment of fracture of orbit, except blowout; with implant
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21422	Open treatment of palatal or maxillary fracture (LeFort I type);
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches
21431	Closed treatment of craniofacial separation(LeFort III type) using interdental wire fixation of denture or splint
21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation
21433	Open treatment of craniofacial separation(LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches
21435	Open treatment of craniofacial separation(LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)
21436	Open treatment of craniofacial separation(LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	Closed treatment of mandibular fracture; without manipulation
21451	Closed treatment of mandibular fracture; with manipulation
21452	Percutaneous treatment of mandibular fracture, with external fixation
21453	Closed treatment of mandibular fracture with interdental fixation
21454	Open treatment of mandibular fracture with external fixation
21461	Open treatment of mandibular fracture; without interdental fixation
21462	Open treatment of mandibular fracture; with interdental fixation
21465	Open treatment of mandibular condylar fracture
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and /or wiring of dentures or splints
21480	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	Open treatment of temporomandibular dislocation

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
21493	Closed treatment of hyoid fracture; without manipulation
21494	Closed treatment of hyoid fracture; with manipulation
21495	Open treatment of hyoid fracture
21497	Interdental wiring, for condition other than fracture
21499	Unlisted musculoskeletal procedure, head
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax
21550	Biopsy, soft tissue of neck or thorax
21555	Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21557	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or thorax
21600	Excision of rib, partial
21610	Costotransversectomy (separate procedure)
21615	Excision first and/or cervical rib;
21616	Excision first and/or cervical rib; with sympathectomy
21620	Ostectomy of sternum, partial
21627	Sternal debridement
21630	Radical resection of sternum;
21632	Radical resection of sternum; with mediastinal lymphadenectomy
21700	Division of scalenus anticus; without resection of cervical rib
21800	Closed treatment of rib fracture, uncomplicated, each
21805	Open treatment of rib fracture without fixation, each
21810	Treatment of rib fracture requiring external fixation (flail chest)
21820	Closed treatment of sternum fracture
21825	Open treatment of sternum fracture with or without skeletal fixation
21899	Unlisted procedure, neck or thorax
21920	Biopsy, soft tissue of back or flank; superficial
21925	Biopsy, soft tissue of back or flank; deep
21930	Excision, tumor, soft tissue of back or flank
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or face) for intrinsic bony lesion, single vertebral segment; cervical
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or face) for intrinsic bony lesion, single vertebral segment; thoracic
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or face) for intrinsic bony lesion, single vertebral segment; lumbar
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or face) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
22116	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical
22212	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; thoracic
22214	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; lumbar
22216	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
22220	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; cervical
22222	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; thoracic
22224	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; lumbar
22226	Osteotomy of spine, including diskectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
22305	Closed treatment of vertebral process fracture(s)
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (List separately in addition to code for primary
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
22830	Exploration of spinal fusion
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C 1, facet screw fixation)
22841	Internal spinal fixation by wiring of spinous processes

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments
22845	Anterior instrumentation; 2 to 3 vertebral segments
22846	Anterior instrumentation; 4 to 7 vertebral segments
22847	Anterior instrumentation; 8 or more vertebral segments
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum
22849	Reinsertion of spinal fixation device
22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
22851	Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace
22852	Removal of posterior segmental instrumentation
22855	Removal of anterior instrumentation
22899	Unlisted procedure, spine
22900	Excision, abdominal wall tumor, subfascial (eg, desmoid)
22999	Unlisted procedure, abdomen, musculoskeletal system
23000	Removal of subdeltoid calcareous deposits, open
23020	Capsular contracture release (eg, Sever type procedure)
23030	Incision and drainage, shoulder area; deep abscess or hematoma
23031	Incision and drainage, shoulder area; infected bursa
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23065	Biopsy, soft tissue of shoulder area; superficial
23066	Biopsy, soft tissue of shoulder area; deep
23075	Excision, soft tissue tumor, shoulder area; subcutaneous
23076	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100	Arthrotomy, glenohumeral joint, including biopsy

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and /or excision of torn cartilage
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	Claviculectomy; partial
23125	Claviculectomy; total
23130	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	Ostectomy of scapula, partial (eg, superior medial angle)
23195	Resection, humeral head
23200	Radical resection for tumor; clavicle
23210	Radical resection for tumor; scapula
23220	Radical resection of bone tumor, proximal humerus;
23221	Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)
23222	Radical resection of bone tumor, proximal humerus; with prosthetic replacement
23330	Removal of foreign body, shoulder; subcutaneous
23331	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
23332	Removal of foreign body, shoulder; complicated (eg, total shoulder)
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography
23395	Muscle transfer, any type, shoulder or upper arm; single
23397	Muscle transfer, any type, shoulder or upper arm; multiple
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	Tenotomy, shoulder area; single tendon
23406	Tenotomy, shoulder area; multiple tendons through same incision
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	Coracoacromial ligament release, with or without acromioplasty
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	Tenodesis of long tendon of biceps
23440	Resection or transplantation of long tendon of biceps
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	Capsulorrhaphy, anterior, any type; with bone block
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23480	Osteotomy, clavicle, with or without internal fixation;
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	Closed treatment of clavicular fracture; without manipulation
23505	Closed treatment of clavicular fracture; with manipulation
23515	Open treatment of clavicular fracture, with or without internal or external fixation
23520	Closed treatment of sternoclavicular dislocation; without manipulation

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
23525	Closed treatment of sternoclavicular dislocation; with manipulation
23530	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft(includes obtaining graft)
23540	Closed treatment of acromioclavicular dislocation; without manipulation
23545	Closed treatment of acromioclavicular dislocation; with manipulation
23550	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	Closed treatment of scapular fracture; without manipulation
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	Open treatment of scapular fracture(body, glenoid or acromion) with or without internal fixation
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity (s);
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity (s); with proximal humeral prosthetic replacement
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	Open treatment of greater humeral tuberosity fracture, with or without internal or external fixation
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	Open treatment of acute shoulder dislocation
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	(dislocation excluded)
23800	Arthrodesis, glenohumeral joint;
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23900	Interthoracoscapular amputation (forequarter)
23920	Disarticulation of shoulder;
23921	Disarticulation of shoulder; secondary closure or scar revision
23929	Unlisted procedure, shoulder
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	Incision and drainage, upper arm or elbow area; bursa
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24065	Biopsy, soft tissue of upper arm or elbow area; superficial
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24075	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
24100	Arthrotomy, elbow; with synovial biopsy only
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	Arthrotomy, elbow; with synovectomy
24105	Excision, olecranon bursa
24110	Excision or curettage of bone cyst or benign tumor, humerus;
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft(includes obtaining graft)
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	Excision, radial head
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedurè
24150	Radical resection for tumor, shaft or distal humerus;
24151	Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)
24152	Radical resection for tumor, radial head or neck;
24153	Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)
24155	Resection of elbow joint (arthrectomy)
24160	Implant removal; elbow joint
24164	Implant removal; radial head
24200	Removal of foreign body, upper arm or elbow area; subcutaneous
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24220	Injection procedure for elbow arthrography
24300	Manipulation, elbow, under anesthesia
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)
24305	Tendon lengthening, upper arm or elbow, each tendon
24310	Tenotomy, open, elbow to shoulder, each tendon
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24332	Tenolysis, triceps
24340	Tenodesis of biceps tendon at elbow (separate procedure)
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24343	Repair lateral collateral ligament, elbow, with local tissue

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24345	Repair medial collateral ligament, elbow, with local tissue
24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)
24350	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);
24351	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment
24352	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection
24354	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping
24356	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial ostectomy
24360	Arthroplasty, elbow; with membrane (eg, fascial)
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	Arthroplasty, radial head;
24366	Arthroplasty, radial head; with implant
24400	Osteotomy, humerus, with or without internal fixation
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	Decompression fasciotomy, forearm, with brachial artery exploration
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	Closed treatment of humeral shaft fracture; without manipulation
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	Open treatment of humeral epicondylar fracture, medial or lateral, with or without internal or external fixation
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and / or proximal radius);
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and / or proximal radius); with implant arthroplasty
24600	Treatment of closed elbow dislocation; without anesthesia
24605	Treatment of closed elbow dislocation; requiring anesthesia
24615	Open treatment of acute or chronic elbow dislocation
24620	Closed treatment of Monteggia type of fracture dislocation at elbow(fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	Open treatment of Monteggia type of fracture dislocation at elbow(fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation
24650	Closed treatment of radial head or neck fracture; without manipulation
24655	Closed treatment of radial head or neck fracture; with manipulation
24665	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;
24666	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement
24670	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
24675	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24685	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation
24800	Arthrodesis, elbow joint; local
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24900	Amputation, arm through humerus; with primary closure
24920	Amputation, arm through humerus; open, circular (guillotine)
24925	Amputation, arm through humerus; secondary closure or scar revision
24930	Amputation, arm through humerus; re-amputation
24931	Amputation, arm through humerus; with implant
24935	Stump elongation, upper extremity
24940	Cineplasty, upper extremity, complete procedure
24999	Unlisted procedure, humerus or elbow
25000	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	Incision and drainage, forearm and/or wrist; bursa
25035	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25065	Biopsy, soft tissue of forearm and/or wrist; superficial
25066	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085	Capsulotomy, wrist (eg, contracture)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
25100	Arthrotomy, wrist joint; with biopsy
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	Arthrotomy, wrist joint; with synovectomy
25107	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25110	Excision, lesion of tendon sheath, forearm and/or wrist
25111	Excision of ganglion, wrist (dorsal or volar); primary
25112	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	Partial excision (craterization, saucerization, or diaphysectomy) of bone(eg, for osteomyelitis); ulna
25151	Partial excision (craterization, saucerization, or diaphysectomy) of bone(eg, for osteomyelitis); radius
25170	Radical resection for tumor, radius or ulna
25210	Carpectomy; one bone
25215	Carpectomy; all bones of proximal row
25230	Radial styloidectomy (separate procedure)
25240	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25246	Injection procedure for wrist arthrography
25248	Exploration with removal of deep foreign body, forearm or wrist

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
25250	Removal of wrist prosthesis; (separate procedure)
25251	Removal of wrist prosthesis; complicated, including total wrist
25259	Manipulation, wrist, under anesthesia
25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	Repair, tendon or muscle, flexor, forearm and /or wrist; secondary, single, each tendon or muscle
25265	Repair, tendon or muscle, flexor, forearm and /or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	Repair, tendon or muscle, extensor, forearm and /or wrist; primary, single, each tendon or muscle
25272	Repair, tendon or muscle, extensor, forearm and /or wrist; secondary, single, each tendon or muscle
25274	Repair, tendon or muscle, extensor, forearm and /or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	Tenodesis at wrist; flexors of fingers
25301	Tenodesis at wrist; extensors of fingers
25310	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;
25316	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	Centralization of wrist on ulna (eg, radial club hand)
25337	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	Osteotomy, radius; distal third
25355	Osteotomy, radius; middle or proximal third

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
25360	Osteotomy; ulna
25365	Osteotomy; radius AND ulna
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	Osteoplasty, radius OR ulna; shortening
25391	Osteoplasty, radius OR ulna; lengthening with autograft
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	Osteoplasty, radius AND ulna; lengthening with autograft
25394	Osteoplasty, carpal bone, shortening
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	Repair of defect with autograft; radius OR ulna
25426	Repair of defect with autograft; radius AND ulna
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)
25431	Repair of nonunion of carpal bone(excluding carpal scaphoid (navicular))(includes obtaining graft and necessary fixation), each bone
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)
25441	Arthroplasty with prosthetic replacement; distal radius
25442	Arthroplasty with prosthetic replacement; distal ulna
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	Arthroplasty with prosthetic replacement; lunate
25445	Arthroplasty with prosthetic replacement; trapezium
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	Revision of arthroplasty, including removal of implant, wrist joint
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate;

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	ulna
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25500	Closed treatment of radial shaft fracture; without manipulation
25505	Closed treatment of radial shaft fracture; with manipulation
25515	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	Open treatment of radial shaft fracture, with internal and/ or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage com
25530	Closed treatment of ulnar shaft fracture; without manipulation
25535	Closed treatment of ulnar shaft fracture; with manipulation
25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna
25575	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25611	Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation
25620	Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation
25628	Open treatment of carpal scaphoid(navicular) fracture, with or without internal or external fixation
25630	Closed treatment of carpal bone fracture(excluding carpal scaphoid (navicular)); without manipulation, each bone
25635	Closed treatment of carpal bone fracture(excluding carpal scaphoid (navicular)); with manipulation, each bone
25645	Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
25650	Closed treatment of ulnar styloid fracture
25651	Percutaneous skeletal fixation of ulnar styloid fracture
25652	Open treatment of ulnar styloid fracture
25660	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670	Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25671	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	Closed treatment of distal radioulnar dislocation with manipulation
25676	Open treatment of distal radioulnar dislocation, acute or chronic
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation
25690	Closed treatment of lunate dislocation, with manipulation
25695	Open treatment of lunate dislocation
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	Arthrodesis, wrist; with sliding graft
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25900	Amputation, forearm, through radius and ulna;
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25909	Amputation, forearm, through radius and ulna; re-amputation
25915	Krukenberg procedure
25920	Disarticulation through wrist;
25922	Disarticulation through wrist; secondary closure or scar revision
25924	Disarticulation through wrist; re-amputation
25927	Transmetacarpal amputation;
25929	Transmetacarpal amputation; secondary closure or scar revision
25931	Transmetacarpal amputation; re-amputation
25999	Unlisted procedure, forearm or wrist

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26010	Drainage of finger abscess; simple
26011	Drainage of finger abscess; complicated (eg, felon)
26020	Drainage of tendon sheath, digit and/or palm, each
26025	Drainage of palmar bursa; single, bursa
26030	Drainage of palmar bursa; multiple bursa
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)
26037	Decompressive fasciotomy, hand (excludes 26035)
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	Tendon sheath incision (eg, for trigger finger)
26060	Tenotomy, percutaneous, single, each digit
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	Arthrotomy with biopsy; carpometacarpal joint, each
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	Arthrotomy with biopsy; interphalangeal joint, each
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger; subcutaneous
26116	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26121	Fasciectomy, palm only, with or without Z -plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z -plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z -plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition
26130	Synovectomy, carpometacarpal joint
26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and /or finger, each tendon
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	Excision of tendon, palm, flexor, single (separate procedure), each
26180	Excision of tendon, finger, flexor (separate procedure), each tendon
26185	Sesamoidectomy, thumb or finger (separate procedure)
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft(includes obtaining graft)
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	Radical resection, metacarpal (eg, tumor);
26255	Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)
26260	Radical resection, proximal or middle phalanx of finger (eg, tumor);
26261	Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft(includes obtaining graft)
26262	Radical resection, distal phalanx of finger (eg, tumor)
26320	Removal of implant from finger or hand
26340	Manipulation, finger joint, under anesthesia, each joint
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft(includes obtaining graft), each tendon
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, each tendon
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft(includes obtaining graft), each tendon

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft(includes obtaining graft), each tendon
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	Removal of synthetic rod and insertion of extensor tendon graft(includes obtaining graft), hand or finger, each rod
26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26437	Realignment of extensor tendon, hand, each tendon
26440	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	Tenolysis, extensor tendon, hand or finger; each tendon
26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	Tenotomy, flexor, palm, open, each tendon
26455	Tenotomy, flexor, finger, open, each tendon
26460	Tenotomy, extensor, hand or finger, open, each tendon
26471	Tenodesis; of proximal interphalangeal joint, each joint
26474	Tenodesis; of distal joint, each joint
26476	Lengthening of tendon, extensor, hand or finger, each tendon
26477	Shortening of tendon, extensor, hand or finger, each tendon
26478	Lengthening of tendon, flexor, hand or finger, each tendon

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26479	Shortening of tendon, flexor, hand or finger, each tendon
26480	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	Opponensplasty; superficialis tendon transfer type, each tendon
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	Opponensplasty; hypothenar muscle transfer
26496	Opponensplasty; other methods
26497	Transfer of tendon to restore intrinsic function; ring and small finger
26498	Transfer of tendon to restore intrinsic function; all four fingers
26499	Correction claw finger, other methods
26500	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26504	Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure)
26508	Release of thenar muscle(s) (eg, thumb contracture)
26510	Cross intrinsic transfer, each tendon
26516	Capsulodesis, metacarpophalangeal joint; single digit
26518	Capsulodesis, metacarpophalangeal joint; three or four digits
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	Arthroplasty, metacarpophalangeal joint; each joint
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint
26535	Arthroplasty, interphalangeal joint; each joint
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	Pollicization of a digit
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double
26555	Transfer, finger to another position without microvascular anastomosis
26556	Transfer, free toe joint, with microvascular anastomosis
26560	Repair of syndactyly (web finger) each web space; with skin flaps
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	Osteotomy; metacarpal, each
26567	Osteotomy; phalanx of finger, each
26568	Osteoplasty, lengthening, metacarpal or phalanx
26580	Repair cleft hand
26587	Reconstruction of polydactylous digit, soft tissue and bone
26590	Repair macrodactyilia, each digit
26591	Repair, intrinsic muscles of hand, each muscle
26593	Release, intrinsic muscles of hand, each muscle
26596	Excision of constricting ring of finger, with multiple Z-plasties
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
26765	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26989	Unlisted procedure, hands or fingers
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26991	Incision and drainage, pelvis or hip joint area; infected bursa
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	Tenotomy, adductor of hip, open
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27030	Arthrotomy, hip, with drainage (eg, infection)
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)
27040	Biopsy, soft tissue of pelvis and hip area; superficial
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue
27048	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27050	Arthrotomy, with biopsy; sacroiliac joint
27052	Arthrotomy, with biopsy; hip joint
27054	Arthrotomy with synovectomy, hip joint
27060	Excision; ischial bursa
27062	Excision; trochanteric bursa or calcification
27065	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066	Excision of bone cyst or benign tumor; deep, with or without autograft
27067	Excision of bone cyst or benign tumor; with autograft requiring separate incision
27070	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial (eg, wing of ilium, symphysis pubis, or greater trochanter of femur)
27071	Partial excision (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)
27075	Radical resection of tumor or infection; wing of ilium, one pubic or ischial ramus or symphysis pubis
27076	Radical resection of tumor or infection; ilium, including acetabulum, both pubic rami, or ischium and acetabulum
27077	Radical resection of tumor or infection; innominate bone, total
27078	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur
27079	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps
27080	Coccygectomy, primary
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27090	Removal of hip prosthesis; (separate procedure)
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer
27093	Injection procedure for hip arthrography; without anesthesia
27095	Injection procedure for hip arthrography; with anesthesia
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid
27097	Release or recession, hamstring, proximal
27098	Transfer, adductor to ischium
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	Transfer iliopsoas; to greater trochanter of femur
27111	Transfer iliopsoas; to femoral neck
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)
27146	Osteotomy, iliac, acetabular or innominate bone;
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)
27161	Osteotomy, femoral neck (separate procedure)
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area(includes obtaining bone graft)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27175	Treatment of slipped femoral epiphysis; by traction, without reduction
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck(Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
27193	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27200	Closed treatment of coccygeal fracture
27202	Open treatment of coccygeal fracture
27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture (s) (eg, pelvic fracture(s) which do not disrupt the pelvic ring), with internal fixation
27216	Percutaneous skeletal fixation of posterior pelvic ring fracture and/or dislocation (includes ilium, sacroiliac joint and /or sacrum)
27217	Open treatment of anterior ring fracture and/or dislocation with internal fixation (includes pubic symphysis and/or rami)
27218	Open treatment of posterior ring fracture and/or dislocation with internal fixation (includes ilium, sacroiliac joint and /or sacrum)
27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T -fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wi
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation
27240	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage
27245	Treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and /or cerclage
27246	Closed treatment of greater trochanteric fracture, without manipulation
27248	Open treatment of greater trochanteric fracture, with or without internal or external fixation
27250	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27253	Open treatment of hip dislocation, traumatic, without internal fixation
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27258	Open treatment of spontaneous hip dislocation(developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);
27259	Open treatment of spontaneous hip dislocation(developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27275	Manipulation, hip joint, requiring general anesthesia
27280	Arthrodesis, sacroiliac joint (including obtaining graft)
27282	Arthrodesis, symphysis pubis (including obtaining graft)
27284	Arthrodesis, hip joint (including obtaining graft);
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy
27290	Interpelviabdominal amputation (hindquarter amputation)
27295	Disarticulation of hip
27299	Unlisted procedure, pelvis or hip joint
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)
27305	Fasciotomy, iliotibial (tenotomy), open
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)
27315	Neurectomy, hamstring muscle
27320	Neurectomy, popliteal (gastrocnemius)
27323	Biopsy, soft tissue of thigh or knee area; superficial
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27327	Excision, tumor, thigh or knee area; subcutaneous
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330	Arthrotomy, knee; with synovial biopsy only
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340	Excision, prepatellar bursa
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27350	Patellectomy or hemipatellectomy
27355	Excision or curettage of bone cyst or benign tumor of femur;
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, bone, femur or knee
27370	Injection procedure for knee arthrography
27372	Removal of foreign body, deep, thigh region or knee area
27380	Suture of infrapatellar tendon; primary

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	Suture of quadriceps or hamstring muscle rupture; primary
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	Tenotomy, open, hamstring, knee to hip; single tendon
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	Lengthening of hamstring tendon; single tendon
27394	Lengthening of hamstring tendon; multiple tendons, one leg
27395	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	Transplant, hamstring tendon to patella; single tendon
27397	Transplant, hamstring tendon to patella; multiple tendons
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	Arthrotomy with meniscus repair, knee
27405	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	Reconstruction of dislocating patella; with patellectomy
27425	Lateral retinacular release open
27427	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	Quadricepsplasty (eg, Bennett or Thompson type)
27435	Capsulotomy, posterior capsular release, knee
27437	Arthroplasty, patella; without prosthesis
27438	Arthroplasty, patella; with prosthesis
27440	Arthroplasty, knee, tibial plateau;
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	Arthroplasty, femoral condyles or tibial plateau (s), knee; with debridement and partial synovectomy
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing(total knee arthroplasty)
27448	Osteotomy, femur, shaft or supracondylar; without fixation
27450	Osteotomy, femur, shaft or supracondylar; with fixation
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); before epiphyseal closure
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus (bowleg) or genu valgus (knock-knee)); after epiphyseal closure
27465	Osteoplasty, femur; shortening (excluding 64876)
27466	Osteoplasty, femur; lengthening
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft(includes obtaining graft)
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	Revision of total knee arthroplasty, with or without allograft; one component
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee
27495	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femur
27496	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and /or nerve

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	Closed treatment of femoral shaft fracture, without manipulation
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and /or locking screws
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, with or without internal or external fixation
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, with or without internal or external fixation
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, with or without internal or external fixation
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
27519	Open treatment of distal femoral epiphyseal separation, with or without internal or external fixation
27520	Closed treatment of patellar fracture, without manipulation
27524	Open treatment of patellar fracture, with internal fixation and /or partial or complete patellectomy and soft tissue repair
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without internal or external fixation
27550	Closed treatment of knee dislocation; without anesthesia
27552	Closed treatment of knee dislocation; requiring anesthesia
27556	Open treatment of knee dislocation, with or without internal or external fixation; without primary ligamentous repair or augmentation /reconstruction
27557	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair
27558	Open treatment of knee dislocation, with or without internal or external fixation; with primary ligamentous repair, with augmentation /reconstruction
27560	Closed treatment of patellar dislocation; without anesthesia
27562	Closed treatment of patellar dislocation; requiring anesthesia
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	Manipulation of knee joint under general anesthesia(includes application of traction or other fixation devices)
27580	Arthrodesis, knee, any technique
27590	Amputation, thigh, through femur, any level;
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	Amputation, thigh, through femur, any level; re-amputation
27598	Disarticulation at knee
27599	Unlisted procedure, femur or knee
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	Decompression fasciotomy, leg; posterior compartment(s) only
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	Incision and drainage, leg or ankle; infected bursa
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27613	Biopsy, soft tissue of leg or ankle area; superficial

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
27618	Excision, tumor, leg or ankle area; subcutaneous tissue
27619	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	Arthrotomy, with synovectomy, ankle;
27626	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27645	Radical resection of tumor, bone; tibia
27646	Radical resection of tumor, bone; fibula
27647	Radical resection of tumor, bone; talus or calcaneus
27648	Injection procedure for ankle arthrography
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	Repair, secondary, Achilles tendon, with or without graft
27656	Repair, fascial defect of leg
27658	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon
27681	Tenolysis, flexor or extensor tendon, leg and /or ankle; multiple tendons (through separate

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	incision(s))
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	Gastrocnemius recession (eg, Strayer procedure)
27690	Transfer or transplant of single tendon(with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	Transfer or transplant of single tendon(with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	Transfer or transplant of single tendon(with muscle redirection or rerouting); each additional tendon(List separately in addition to code for primary procedure)
27695	Repair, primary, disrupted ligament, ankle; collateral
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	Arthroplasty, ankle;
27702	Arthroplasty, ankle; with implant (total ankle)
27703	Arthroplasty, ankle; revision, total ankle
27704	Removal of ankle implant
27705	Osteotomy; tibia
27707	Osteotomy; fibula
27709	Osteotomy; tibia and fibula
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)
27715	Osteoplasty, tibia and fibula, lengthening or shortening
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)
27722	Repair of nonunion or malunion, tibia; with sliding graft
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method
27727	Repair of congenital pseudarthrosis, tibia
27730	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	Arrest, epiphyseal(epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	Arrest, epiphyseal(epiphysiodesis), any method, combined, proximal and distal tibia and

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	fibula; and distal femur
27745	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation
27752	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	Open treatment of tibial shaft fracture,(with or without fibular fracture) with plate/screws, with or without cerclage
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and /or cerclage
27760	Closed treatment of medial malleolus fracture; without manipulation
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	Open treatment of medial malleolus fracture, with or without internal or external fixation
27780	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	Open treatment of distal fibular fracture(lateral malleolus), with or without internal or external fixation
27808	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27810	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation
27814	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation
27816	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and /or requiring manipulation
27826	Open treatment of fracture of weight bearing articular surface(portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
27827	Open treatment of fracture of weight bearing articular surface (portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only
27828	Open treatment of fracture of weight bearing articular surface (portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation
27830	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula
27840	Closed treatment of ankle dislocation; without anesthesia
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870	Arthrodesis, ankle, open
27871	Arthrodesis, tibiofibular joint, proximal or distal
27880	Amputation, leg, through tibia and fibula;
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	Amputation, leg, through tibia and fibula; re-amputation
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves
27889	Ankle disarticulation
27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment (s), with debridement of nonviable muscle and/or nerve
27899	Unlisted procedure, leg or ankle
28001	Incision and drainage, bursa, foot

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	Fasciotomy, foot and/or toe
28010	Tenotomy, percutaneous, toe; single tendon
28011	Tenotomy, percutaneous, toe; multiple tendons
28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28030	Neurectomy, intrinsic musculature of foot
28035	Release, tarsal tunnel (posterior tibial nerve decompression)
28043	Excision, tumor, foot; subcutaneous tissue
28045	Excision, tumor, foot; deep, subfascial, intramuscular
28046	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	Arthrotomy with biopsy; metatarsophalangeal joint
28054	Arthrotomy with biopsy; interphalangeal joint
28060	Fasciectomy, plantar fascia; partial (separate procedure)
28062	Fasciectomy, plantar fascia; radical (separate procedure)
28070	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	Synovectomy; metatarsophalangeal joint, each
28080	Excision, interdigital (Morton) neuroma, single, each
28086	Synovectomy, tendon sheath, foot; flexor
28088	Synovectomy, tendon sheath, foot; extensor
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft(includes obtaining graft)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot
28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	Ostectomy, complete excision; first metatarsal head
28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	Ostectomy, complete excision; fifth metatarsal head
28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	Ostectomy, excision of tarsal coalition
28118	Ostectomy, calcaneus;
28119	Ostectomy, calcaneus; for spur, with or without plantar fascial release
28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe
28126	Resection, partial or complete, phalangeal base, each toe
28130	Talectomy (astragalectomy)
28140	Metatarsectomy
28150	Phalangectomy, toe, each toe
28153	Resection, condyle(s), distal end of phalanx, each toe
28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	Radical resection of tumor, bone; metatarsal
28175	Radical resection of tumor, bone; phalanx of toe
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28200	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	Repair, tendon, extensor, foot; secondary with free graft, each tendon(includes obtaining graft)
28220	Tenolysis, flexor, foot; single tendon
28222	Tenolysis, flexor, foot; multiple tendons
28225	Tenolysis, extensor, foot; single tendon
28226	Tenolysis, extensor, foot; multiple tendons
28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)
28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)
28234	Tenotomy, open, extensor, foot or toe, each tendon
28238	Reconstruction(advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)
28260	Capsulotomy, midfoot; medial release only (separate procedure)
28261	Capsulotomy, midfoot; with tendon lengthening
28262	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon (s) lengthening (eg, resistant clubfoot deformity)
28264	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28272	Capsulotomy; interphalangeal joint, each joint (separate procedure)
28280	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28296	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure
28298	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation
28302	Osteotomy; talus
28304	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	Sesamoidectomy, first toe (separate procedure)
28320	Repair, nonunion or malunion; tarsal bones
28322	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	Reconstruction, toe, macrodactyly; soft tissue resection
28341	Reconstruction, toe, macrodactyly; requiring bone resection
28344	Reconstruction, toe(s); polydactyly
28345	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28360	Reconstruction, cleft foot
28400	Closed treatment of calcaneal fracture; without manipulation
28405	Closed treatment of calcaneal fracture; with manipulation
28406	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	Open treatment of calcaneal fracture, with or without internal or external fixation;

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28420	Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone graft(includes obtaining graft)
28430	Closed treatment of talus fracture; without manipulation
28435	Closed treatment of talus fracture; with manipulation
28436	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	Open treatment of talus fracture, with or without internal or external fixation
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	Percutaneous skeletal fixation of tarsal bone fracture(except talus and calcaneus), with manipulation, each
28465	Open treatment of tarsal bone fracture(except talus and calcaneus), with or without internal or external fixation, each
28470	Closed treatment of metatarsal fracture; without manipulation, each
28475	Closed treatment of metatarsal fracture; with manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	Open treatment of metatarsal fracture, with or without internal or external fixation, each
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
28525	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28530	Closed treatment of sesamoid fracture
28531	Open treatment of sesamoid fracture, with or without internal fixation
28540	Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia
28545	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	Open treatment of tarsal bone dislocation, with or without internal or external fixation
28570	Closed treatment of talotarsal joint dislocation; without anesthesia
28575	Closed treatment of talotarsal joint dislocation; requiring anesthesia

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28576	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	Open treatment of talotarsal joint dislocation, with or without internal or external fixation
28600	Closed treatment of tarsometatarsal joint dislocation; without anesthesia
28605	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation
28615	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation
28630	Closed treatment of metatarsophalangeal joint dislocation; without anesthesia
28635	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia
28665	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation
28705	Arthrodesis; pantalar
28715	Arthrodesis; triple
28725	Arthrodesis; subtalar
28730	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	Arthrodesis, great toe; metatarsophalangeal joint
28755	Arthrodesis, great toe; interphalangeal joint
28760	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)
28805	Amputation, foot; transmetatarsal
28810	Amputation, metatarsal, with toe, single
28820	Amputation, toe; metatarsophalangeal joint
28825	Amputation, toe; interphalangeal joint

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
28899	Unlisted procedure, foot or toes
29000	Application of halo type body cast (see 20661-20663 for insertion)
29010	Application of Risser jacket, localizer, body; only
29015	Application of Risser jacket, localizer, body; including head
29020	Application of turnbuckle jacket, body; only
29025	Application of turnbuckle jacket, body; including head
29035	Application of body cast, shoulder to hips;
29040	Application of body cast, shoulder to hips; including head, Minerva type
29044	Application of body cast, shoulder to hips; including one thigh
29046	Application of body cast, shoulder to hips; including both thighs
29049	Application, cast; figure-of-eight
29055	Application, cast; shoulder spica
29058	Application, cast; plaster Velpeau
29065	Application, cast; shoulder to hand (long arm)
29075	Application, cast; elbow to finger (short arm)
29085	Application, cast; hand and lower forearm (gauntlet)
29105	Application of long arm splint (shoulder to hand)
29125	Application of short arm splint (forearm to hand); static
29126	Application of short arm splint (forearm to hand); dynamic
29130	Application of finger splint; static
29131	Application of finger splint; dynamic
29200	Strapping; thorax
29220	Strapping; low back
29240	Strapping; shoulder (eg, Velpeau)
29260	Strapping; elbow or wrist
29280	Strapping; hand or finger
29305	Application of hip spica cast; one leg
29325	Application of hip spica cast; one and one-half spica or both legs
29345	Application of long leg cast (thigh to toes);
29355	Application of long leg cast (thigh to toes); walker or ambulatory type
29358	Application of long leg cast brace

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
29365	Application of cylinder cast (thigh to ankle)
29405	Application of short leg cast (below knee to toes);
29425	Application of short leg cast (below knee to toes); walking or ambulatory type
29435	Application of patellar tendon bearing (PTB) cast
29440	Adding walker to previously applied cast
29445	Application of rigid total contact leg cast
29450	Application of clubfoot cast with molding or manipulation, long or short leg
29505	Application of long leg splint (thigh to ankle or toes)
29515	Application of short leg splint (calf to foot)
29520	Strapping; hip
29530	Strapping; knee
29540	Strapping; ankle and/or foot
29550	Strapping; toes
29580	Strapping; Unna boot
29590	Denis-Browne splint strapping
29700	Removal or bivalving; gauntlet, boot or body cast
29705	Removal or bivalving; full arm or full leg cast
29710	Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc.
29715	Removal or bivalving; turnbuckle jacket
29720	Repair of spica, body cast or jacket
29730	Windowing of cast
29740	Wedging of cast (except clubfoot casts)
29750	Wedging of clubfoot cast
29799	Unlisted procedure, casting or strapping
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	Arthroscopy, shoulder, surgical; repair of slap lesion
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	Arthroscopy, shoulder, surgical; debridement, limited

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
29823	Arthroscopy, shoulder, surgical; debridement, extensive
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair
29830	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	Arthroscopy, elbow, surgical; synovectomy, partial
29836	Arthroscopy, elbow, surgical; synovectomy, complete
29837	Arthroscopy, elbow, surgical; debridement, limited
29838	Arthroscopy, elbow, surgical; debridement, extensive
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	Arthroscopy, wrist, surgical; synovectomy, partial
29845	Arthroscopy, wrist, surgical; synovectomy, complete
29846	Arthroscopy, wrist, surgical; excision and /or repair of triangular fibrocartilage and/or joint debridement
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body(eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	Arthroscopy, knee, surgical; abrasion arthroplasty(includes chondroplasty where necessary or multiple drilling or microfracture)
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	Arthroscopy, metacarpophalangeal joint, surgical; with debridement
29902	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
29999	Unlisted procedure, arthroscopy
63001	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; cervical
63003	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral segments; thoracic
63005	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (eg, spinal stenosis), one or two vertebral

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	segments; lumbar, except for spondylolisthesis
63011	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), one or two vertebral segments; sacral
63012	Laminectomy with removal of abnormal facets and /or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar(Gill type procedure)
63015	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; cervical
63016	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; thoracic
63017	Laminectomy with exploration and /or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, (eg, spinal stenosis), more than 2 vertebral segments; lumbar
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, cervical
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar (including open or endoscopically -assisted approach)
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; each additional interspace, cervical or lumbar (List separately in addition to code for prima
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; cervical
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; lumbar
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional cervical interspace(List separately in add
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk, reexploration, single interspace; each additional lumbar interspace (List separately in addit
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; cervical
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; thoracic
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single vertebral segment; lumbar
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (eg, spinal or lateral recess stenosis)), single

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	vertebral segment; each additional segment, cervical, thoracic, or l
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; thoracic
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; lumbar (including transfacet, or lateral extraforaminal approach)(eg, far lateral herniated intervertebral disk)
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disk), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment
63066	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; each additional segment (List separately in addition to code for primary procedure)
63075	Discectomy, anterior, with decompression of spinal cord and /or nerve root(s), including osteophyctomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and /or nerve root(s), including osteophyctomy; cervical, each additional interspace(List separately in addition to code for primary procedure)
63077	Discectomy, anterior, with decompression of spinal cord and /or nerve root(s), including osteophyctomy; thoracic, single interspace
63078	Discectomy, anterior, with decompression of spinal cord and /or nerve root(s), including osteophyctomy; thoracic, each additional interspace(List separately in addition to code for primary procedure)
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code)
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separatel

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical
63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical
63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural -intradural lesion, any level
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
	lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)
64702	Neuroplasty; digital, one or both, same digit
64704	Neuroplasty; nerve of hand or foot
64708	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716	Neuroplasty and/or transposition; cranial nerve (specify)
64718	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel
64722	Decompression; unspecified nerve(s) (specify)
64726	Decompression; plantar digital nerve
64727	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	Transection or avulsion of; supraorbital nerve
64734	Transection or avulsion of; infraorbital nerve
64736	Transection or avulsion of; mental nerve
64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	Transection or avulsion of; lingual nerve
64742	Transection or avulsion of; facial nerve, differential or complete
64744	Transection or avulsion of; greater occipital nerve
64746	Transection or avulsion of; phrenic nerve

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
64752	Transection or avulsion of; vagus nerve (vagotomy), transthoracic
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra - or highly selective vagotomy)
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal
64761	Transection or avulsion of; pudendal nerve
64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
64771	Transection or avulsion of other cranial nerve, extradural
64772	Transection or avulsion of other spinal nerve, extradural
64774	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	Excision of neuroma; digital nerve, one or both, same digit
64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	Excision of neuroma; hand or foot, except digital nerve
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784	Excision of neuroma; major peripheral nerve, except sciatic
64786	Excision of neuroma; sciatic nerve
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	Biopsy of nerve
64802	Sympathectomy, cervical
64804	Sympathectomy, cervicothoracic
64809	Sympathectomy, thoracolumbar
64818	Sympathectomy, lumbar
64820	Sympathectomy; digital arteries, each digit
64831	Suture of digital nerve, hand or foot; one nerve
64832	Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64834	Suture of one nerve, hand or foot; common sensory nerve
64835	Suture of one nerve, hand or foot; median motor thenar

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
64836	Suture of one nerve, hand or foot; ulnar motor
64837	Suture of each additional nerve, hand or foot(List separately in addition to code for primary procedure)
64840	Suture of posterior tibial nerve
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	Suture of sciatic nerve
64859	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	Suture of; brachial plexus
64862	Suture of; lumbar plexus
64864	Suture of facial nerve; extracranial
64865	Suture of facial nerve; infratemporal, with or without grafting
64866	Anastomosis; facial-spinal accessory
64868	Anastomosis; facial-hypoglossal
64870	Anastomosis; facial-phrenic
64872	Suture of nerve; requiring secondary or delayed suture(List separately in addition to code for primary neuroorrhaphy)
64874	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)

AVAILABLE CPT CODES For Orthopaedic Surgery

CPT Code	Description
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	Nerve pedicle transfer; first stage
64907	Nerve pedicle transfer; second stage
64999	Unlisted procedure, nervous system