

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
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
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
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
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

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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
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
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)
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
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
20000	Incision of soft tissue abscess (eg, secondary to osteomyelitis); superficial
20005	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated
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, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20250	Biopsy, vertebral body, open; thoracic
20251	Biopsy, vertebral body, open; lumbar or cervical
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
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta), requiring general anesthesia
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 lamina fragments) obtained from same incision

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CPT Code	Description
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)
20975	Electrical stimulation to aid bone healing; invasive (operative)
20999	Unlisted procedure, musculoskeletal system, general
21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
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
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 less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
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

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21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21300	Closed treatment of skull fracture without operation
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
21615	Excision first and/or cervical rib;
21616	Excision first and/or cervical rib; with sympathectomy
21700	Division of scalenus anticus; without resection of cervical rib
21705	Division of scalenus anticus; with resection of cervical rib
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)
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

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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
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 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
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 procedure)
22505	Manipulation of spine requiring anesthesia, any region
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 diskectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, anterior interbody technique, including minimal diskectomy to prepare interspace (other than for decompression); lumbar
22585	Arthrodesis, anterior interbody technique, including minimal diskectomy 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)

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CPT Code	Description
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
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more 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 C1, facet screw fixation)
22841	Internal spinal fixation by wiring of spinous processes
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

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CPT Code	Description
22855	Removal of anterior instrumentation
22899	Unlisted procedure, spine
29000	Application of halo type body cast (see 20661-20663 for insertion)
31600	Tracheostomy, planned (separate procedure);
31601	Tracheostomy, planned (separate procedure); under two years
31603	Tracheostomy, emergency procedure; transtracheal
31605	Tracheostomy, emergency procedure; cricothyroid membrane
31610	Tracheostomy, fenestration procedure with skin flaps
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32002	Thoracentesis with insertion of tube with or without water seal (eg, for pneumothorax) (separate procedure)
32020	Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)
32664	Thoracoscopy, surgical; with thoracic sympathectomy
35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision
35390	Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure)
35701	Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery
35800	Exploration for postoperative hemorrhage, thrombosis or infection; neck
35875	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft
35901	Excision of infected graft; neck
36400	Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; femoral or jugular vein
36405	Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; scalp vein
36406	Venipuncture, under age 3 years, necessitating physician's skill, not to be used for routine venipuncture; other vein
36410	Venipuncture, age 3 years or older, necessitating physician's skill (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)
36415	Collection of venous blood by venipuncture
36420	Venipuncture, cutdown; under age 1 year
36425	Venipuncture, cutdown; age 1 or over
36555	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age

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CPT Code	Description
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access
36600	Arterial puncture, withdrawal of blood for diagnosis
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous
37565	Ligation, internal jugular vein
37600	Ligation; external carotid artery
37605	Ligation; internal or common carotid artery
37606	Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp
37615	Ligation, major artery (eg, post-traumatic, rupture); neck
43750	Percutaneous placement of gastrostomy tube
43760	Change of gastrostomy tube
43761	Repositioning of the gastric feeding tube, any method, through the duodenum for enteric nutrition
60600	Excision of carotid body tumor; without excision of carotid artery
60605	Excision of carotid body tumor; with excision of carotid artery
61000	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial
61001	Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps
61020	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61105	Twist drill hole for subdural or ventricular puncture;
61107	Twist drill hole for subdural or ventricular puncture; for implanting ventricular catheter or pressure recording device

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CPT Code	Description
61108	Twist drill hole for subdural or ventricular puncture; for evacuation and/or drainage of subdural hematoma
61120	Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)
61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural
61156	Burr hole(s); with aspiration of hematoma or cyst, intracerebral
61210	Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s) or pressure recording device (separate procedure)
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61250	Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery
61253	Burr hole(s) or trephine, infratentorial, unilateral or bilateral
61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
61313	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
61314	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
61315	Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
61316	Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
61322	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
61323	Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy
61450	Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
61512	Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)
61518	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
61519	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
61521	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;

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61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
61531	Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long term seizure monitoring
61533	Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long term seizure monitoring
61534	Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery
61535	Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)
61536	Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)
61538	Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery
61539	Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery
61541	Craniotomy with elevation of bone flap; for transection of corpus callosum
61542	Craniotomy with elevation of bone flap; for total hemispherectomy
61543	Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy
61545	Craniotomy with elevation of bone flap; for excision of craniopharyngioma
61546	Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic
61550	Craniectomy for craniosynostosis; single cranial suture
61552	Craniectomy for craniosynostosis; multiple cranial sutures
61556	Craniotomy for craniosynostosis; frontal or parietal bone flap
61557	Craniotomy for craniosynostosis; bifrontal bone flap
61558	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
61559	Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
61570	Craniectomy or craniotomy; with excision of foreign body from brain
61571	Craniectomy or craniotomy; with treatment of penetrating wound of brain
61575	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
61576	Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
61580	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy,

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	ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
61582	Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
61583	Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
61584	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
61585	Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
61586	Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
61590	Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
61591	Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
61592	Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
61595	Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization
61596	Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
61597	Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
61598	Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
61600	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
61601	Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61605	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
61606	Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
61607	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural

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CPT Code	Description
61608	Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
61609	Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
61610	Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61611	Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
61612	Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
61613	Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61615	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61616	Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
61623	Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion
61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
61680	Surgery of intracranial arteriovenous malformation; supratentorial, simple
61682	Surgery of intracranial arteriovenous malformation; supratentorial, complex
61684	Surgery of intracranial arteriovenous malformation; infratentorial, simple
61686	Surgery of intracranial arteriovenous malformation; infratentorial, complex
61690	Surgery of intracranial arteriovenous malformation; dural, simple
61692	Surgery of intracranial arteriovenous malformation; dural, complex
61697	Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698	Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700	Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702	Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61703	Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
61705	Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61711	Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries
61720	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
61735	Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus
61750	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;
61751	Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
61770	Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
61790	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61793	Stereotactic radiosurgery (particle beam, gamma ray or linear accelerator), one or more sessions
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
62000	Elevation of depressed skull fracture; simple, extradural
62005	Elevation of depressed skull fracture; compound or comminuted, extradural
62010	Elevation of depressed skull fracture; with repair of dura and/or debridement of brain
62115	Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty
62116	Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty
62117	Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)
62120	Repair of encephalocele, skull vault, including cranioplasty
62121	Craniotomy for repair of encephalocele, skull base
62148	Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
62160	Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)
62161	Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
	ventricular catheter)
62162	Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage
62163	Neuroendoscopy, intracranial; with retrieval of foreign body
62164	Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage
62165	Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach
62190	Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular
62192	Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus
62194	Replacement or irrigation, subarachnoid/subdural catheter
62200	Ventriculocisternostomy, third ventricle;
62201	Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method
62220	Creation of shunt; ventriculo-atrial, -jugular, -auricular
62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus
62225	Replacement or irrigation, ventricular catheter
62230	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62256	Removal of complete cerebrospinal fluid shunt system; without replacement
62258	Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62268	Percutaneous aspiration, spinal cord cyst or syrinx
62269	Biopsy of spinal cord, percutaneous needle
62270	Spinal puncture, lumbar, diagnostic
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	Injection, epidural, of blood or clot patch
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)
62290	Injection procedure for diskography, each level; lumbar
62291	Injection procedure for diskography, each level; cervical or thoracic
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
	without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
63001	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; cervical
63003	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; thoracic
63005	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; lumbar, except for spondylolisthesis
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)

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or diskectomy, (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 diskectomy, (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 diskectomy, (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)
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
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
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)
63064	Costovertebral approach with decompression of spinal cord or nerve root(s), (eg, herniated intervertebral disk), thoracic; single segment
63075	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
63077	Diskectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
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
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
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments
63185	Laminectomy with rhizotomy; one or two segments
63190	Laminectomy with rhizotomy; more than two segments
63191	Laminectomy with section of spinal accessory nerve
63194	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; cervical
63195	Laminectomy with cordotomy, with section of one spinothalamic tract, one stage; thoracic
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; cervical
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, one stage; thoracic
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; cervical
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, two stages within 14 days; thoracic
63200	Laminectomy, with release of tethered spinal cord, lumbar
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

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
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
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
63600	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63615	Stereotactic biopsy, aspiration, or excision of lesion, spinal cord
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63700	Repair of meningocele; less than 5 cm diameter
63702	Repair of meningocele; larger than 5 cm diameter

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
63704	Repair of myelomeningocele; less than 5 cm diameter
63706	Repair of myelomeningocele; larger than 5 cm diameter
63707	Repair of dural/cerebrospinal fluid leak, not requiring laminectomy
63709	Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy
63710	Dural graft, spinal
63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy
63744	Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	Removal of entire lumbosubarachnoid shunt system without replacement
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	Injection, anesthetic agent; facial nerve
64405	Injection, anesthetic agent; greater occipital nerve
64408	Injection, anesthetic agent; vagus nerve
64410	Injection, anesthetic agent; phrenic nerve
64412	Injection, anesthetic agent; spinal accessory nerve
64413	Injection, anesthetic agent; cervical plexus
64415	Injection, anesthetic agent; brachial plexus, single
64417	Injection, anesthetic agent; axillary nerve
64418	Injection, anesthetic agent; suprascapular nerve
64420	Injection, anesthetic agent; intercostal nerve, single
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	Injection, anesthetic agent; pudendal nerve
64435	Injection, anesthetic agent; paracervical (uterine) nerve
64445	Injection, anesthetic agent; sciatic nerve, single
64450	Injection, anesthetic agent; other peripheral nerve or branch
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64505	Injection, anesthetic agent; sphenopalatine ganglion
64508	Injection, anesthetic agent; carotid sinus (separate procedure)
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64550	Application of surface (transcutaneous) neurostimulator
64573	Incision for implantation of neurostimulator electrodes; cranial nerve
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

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
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
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

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
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
64836	Suture of one nerve, hand or foot; ulnar motor
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
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
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
64905	Nerve pedicle transfer; first stage
64907	Nerve pedicle transfer; second stage
69960	Decompression internal auditory canal
69970	Removal of tumor, temporal bone

AVAILABLE CPT CODES For Neurological Surgery

CPT Code	Description
69979	Unlisted procedure, temporal bone, middle fossa approach