

ACCESSORY SINUSES

ENDOSCOPY (SINUSES)

| CPT Code | Description |
|-----------------|--|
| 31231 | Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) |
| 31233 | Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture) |
| 31235 | Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium) |
| 31237 | Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure) |
| 31238 | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage |
| 31239 | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy |
| 31240 | Nasal/sinus endoscopy, surgical; with concha bullosa resection |
| 31254 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior) |
| 31255 | Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior) |
| 31256 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; |
| 31267 | Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus |
| 31276 | Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus |
| 31287 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; |
| 31288 | Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus |
| 31290 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region |
| 31291 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region |
| 31292 | Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression |
| 31293 | Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression |
| 31294 | Nasal/sinus endoscopy, surgical; with optic nerve decompression |

EXCISION (SINUSES)

| CPT Code | Description |
|-----------------|---|
| 31200 | Ethmoidectomy; intranasal, anterior |
| 31201 | Ethmoidectomy; intranasal, total |
| 31205 | Ethmoidectomy; extranasal, total |
| 31225 | Maxillectomy; without orbital exenteration |
| 31230 | Maxillectomy; with orbital exenteration (en bloc) |

INCISION (SINUSES)

| CPT Code | Description |
|-----------------|--|
| 31000 | Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium) |
| 31002 | Lavage by cannulation; sphenoid sinus |
| 31020 | Sinusotomy, maxillary (antrotomy); intranasal |
| 31030 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps |

ACCESSORY SINUSES

INCISION (SINUSES)

| CPT Code | Description |
|-----------------|---|
| 31032 | Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps |
| 31040 | Pterygomaxillary fossa surgery, any approach |
| 31050 | Sinusotomy, sphenoid, with or without biopsy; |
| 31051 | Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s) |
| 31070 | Sinusotomy frontal; external, simple (trephine operation) |
| 31075 | Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type) |
| 31080 | Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation) |
| 31081 | Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation) |
| 31084 | Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision |
| 31085 | Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision |
| 31086 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision |
| 31087 | Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision |
| 31090 | Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid) |

OTHER (SINUSES)

| CPT Code | Description |
|-----------------|---------------------------------------|
| 31299 | Unlisted procedure, accessory sinuses |

ARTERIES AND VEINS

REPAIR BLOOD VESSEL OTHER THAN FISTULA

| CPT Code | Description |
|-----------------|--|
| 35201 | Repair blood vessel, direct; neck |
| 35231 | Repair blood vessel with vein graft; neck |
| 35261 | Repair blood vessel with graft other than vein; neck |

CONJUNCTIVA

CONJUNCTIVOPLASTY

| CPT Code | Description |
|-----------------|--|
| 68320 | Conjunctivoplasty; with conjunctival graft or extensive rearrangement |
| 68325 | Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft) |
| 68326 | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement |
| 68328 | Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft) |
| 68330 | Repair of symblepharon; conjunctivoplasty, without graft |

CONJUNCTIVA

CONJUNCTIVOPLASTY

| CPT Code | Description |
|----------|--|
| 68335 | Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) |
| 68340 | Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens |

EXCISION AND/OR DESTRUCTION (CONJUNCTIVA)

| CPT Code | Description |
|----------|---|
| 68100 | Biopsy of conjunctiva |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm |
| 68115 | Excision of lesion, conjunctiva; over 1 cm |
| 68130 | Excision of lesion, conjunctiva; with adjacent sclera |
| 68135 | Destruction of lesion, conjunctiva |

INCISION AND DRAINAGE (CONJUNCTIVA)

| CPT Code | Description |
|----------|---|
| 68020 | Incision of conjunctiva, drainage of cyst |
| 68040 | Expression of conjunctival follicles (eg, for trachoma) |

INJECTION

| CPT Code | Description |
|----------|---------------------------|
| 68200 | Subconjunctival injection |

LACRIMAL SYSTEM - EXCISION

| CPT Code | Description |
|----------|--|
| 68500 | Excision of lacrimal gland (dacryoadenectomy), except for tumor; total |
| 68505 | Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial |
| 68510 | Biopsy of lacrimal gland |
| 68520 | Excision of lacrimal sac (dacryocystectomy) |
| 68525 | Biopsy of lacrimal sac |
| 68530 | Removal of foreign body or dacryolith, lacrimal passages |
| 68540 | Excision of lacrimal gland tumor; frontal approach |
| 68550 | Excision of lacrimal gland tumor; involving osteotomy |

LACRIMAL SYSTEM - INCISION

| CPT Code | Description |
|----------|--|
| 68400 | Incision, drainage of lacrimal gland |
| 68420 | Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy) |
| 68440 | Snip incision of lacrimal punctum |

CONJUNCTIVA

LACRIMAL SYSTEM - OTHER

| CPT Code | Description |
|----------|-------------------------------------|
| 68899 | Unlisted procedure, lacrimal system |

LACRIMAL SYSTEM - PROBING AND/OR RELATED PROCEDURE

| CPT Code | Description |
|----------|---|
| 68801 | Dilation of lacrimal punctum, with or without irrigation |
| 68810 | Probing of nasolacrimal duct, with or without irrigation; |
| 68811 | Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia |
| 68815 | Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent |
| 68840 | Probing of lacrimal canaliculi, with or without irrigation |
| 68850 | Injection of contrast medium for dacryocystography |

LACRIMAL SYSTEM - REPAIR

| CPT Code | Description |
|----------|---|
| 68700 | Plastic repair of canaliculi |
| 68705 | Correction of everted punctum, cautery |
| 68720 | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) |
| 68745 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube |
| 68750 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent |
| 68760 | Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery |
| 68761 | Closure of the lacrimal punctum; by plug, each |
| 68770 | Closure of lacrimal fistula (separate procedure) |

OTHER (CONJUNCTIVA)

| CPT Code | Description |
|----------|---|
| 68360 | Conjunctival flap; bridge or partial (separate procedure) |
| 68362 | Conjunctival flap; total (such as Gunderson thin flap or purse string flap) |
| 68399 | Unlisted procedure, conjunctiva |

DENTOALVEOLAR STRUCTURES

EXCISION, DESTRUCTION (DENTOALVEOLAR STRUCTURES)

| CPT Code | Description |
|----------|---|
| 41820 | Gingivectomy, excision gingiva, each quadrant |
| 41821 | Operculectomy, excision pericoronal tissues |
| 41822 | Excision of fibrous tuberosities, dentoalveolar structures |
| 41823 | Excision of osseous tuberosities, dentoalveolar structures |
| 41825 | Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair |
| 41826 | Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair |

DENTOALVEOLAR STRUCTURES

EXCISION, DESTRUCTION (DENTOALVEOLAR STRUCTURES)

| CPT Code | Description |
|----------|--|
| 41827 | Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair |
| 41828 | Excision of hyperplastic alveolar mucosa, each quadrant (specify) |
| 41830 | Alveolectomy, including curettage of osteitis or sequestrectomy |
| 41850 | Destruction of lesion (except excision), dentoalveolar structures |

INCISION (DENTOALVEOLAR STRUCTURES)

| CPT Code | Description |
|----------|--|
| 41800 | Drainage of abscess, cyst, hematoma from dentoalveolar structures |
| 41805 | Removal of embedded foreign body from dentoalveolar structures; soft tissues |
| 41806 | Removal of embedded foreign body from dentoalveolar structures; bone |

OTHER (DENTOALVEOLAR STRUCTURES)

| CPT Code | Description |
|----------|--|
| 41870 | Periodontal mucosal grafting |
| 41872 | Gingivoplasty, each quadrant (specify) |
| 41874 | Alveoloplasty, each quadrant (specify) |
| 41899 | Unlisted procedure, dentoalveolar structures |

ESOPHAGUS

ENDOSCOPY (ESOPHAGUS)

| CPT Code | Description |
|----------|--|
| 43200 | Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43201 | Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance |
| 43202 | Esophagoscopy, rigid or flexible; with biopsy, single or multiple |
| 43204 | Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices |
| 43205 | Esophagoscopy, rigid or flexible; with band ligation of esophageal varices |
| 43215 | Esophagoscopy, rigid or flexible; with removal of foreign body |
| 43216 | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 43217 | Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43219 | Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent |
| 43220 | Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter) |
| 43226 | Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire |
| 43227 | Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |

ESOPHAGUS

ENDOSCOPY (ESOPHAGUS)

| CPT Code | Description |
|-----------------|--|
| 43228 | Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43231 | Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination |
| 43232 | Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| 43234 | Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure) |
| 43235 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43236 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance |
| 43239 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple |
| 43240 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst |
| 43241 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement |
| 43242 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum and/or jejunum as appropriate) |
| 43243 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices |
| 43244 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices |
| 43245 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie) |
| 43246 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube |
| 43247 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of foreign body |
| 43248 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire |
| 43249 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter) |
| 43250 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| 43251 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| 43255 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method |

ESOPHAGUS

ENDOSCOPY (ESOPHAGUS)

| CPT Code | Description |
|-----------------|---|
| 43256 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation) |
| 43258 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| 43259 | Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum and/or jejunum as appropriate |
| 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| 43261 | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple |
| 43262 | Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy |
| 43263 | Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct) |
| 43264 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts |
| 43265 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method |
| 43267 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube |
| 43268 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct |
| 43269 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent |
| 43271 | Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s) |
| 43272 | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |

EXCISION (ESOPHAGUS)

| CPT Code | Description |
|-----------------|---|
| 43100 | Excision of lesion, esophagus, with primary repair; cervical approach |
| 43101 | Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach |
| 43107 | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagostomy, with or without pyloroplasty (transhiatal) |
| 43108 | Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es) |
| 43112 | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagostomy, with or without pyloroplasty |
| 43113 | Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43116 | Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction |

ESOPHAGUS

EXCISION (ESOPHAGUS)

| CPT Code | Description |
|-----------------|--|
| 43117 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) |
| 43118 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43121 | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty |
| 43122 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty |
| 43123 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43124 | Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy |
| 43130 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach |
| 43135 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach |

INCISION (ESOPHAGUS)

| CPT Code | Description |
|-----------------|---|
| 43020 | Esophagotomy, cervical approach, with removal of foreign body |
| 43030 | Cricopharyngeal myotomy |
| 43045 | Esophagotomy, thoracic approach, with removal of foreign body |

LAPAROSCOPY (ESOPHAGUS)

| CPT Code | Description |
|-----------------|--|
| 43280 | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) |
| 43289 | Unlisted laparoscopy procedure, esophagus |

MANIPULATION (ESOPHAGUS)

| CPT Code | Description |
|-----------------|---|
| 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes |
| 43453 | Dilation of esophagus, over guide wire |
| 43456 | Dilation of esophagus, by balloon or dilator, retrograde |
| 43458 | Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia |
| 43460 | Esophagogastric tamponade, with balloon (Sengstaaken type) |

ESOPHAGUS

OTHER (ESOPHAGUS)

| CPT Code | Description |
|----------|--|
| 43496 | Free jejunum transfer with microvascular anastomosis |
| 43499 | Unlisted procedure, esophagus |

REPAIR (ESOPHAGUS)

| CPT Code | Description |
|----------|--|
| 43300 | Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula |
| 43305 | Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula |
| 43310 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula |
| 43312 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula |
| 43313 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula |
| 43314 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula |
| 43320 | Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach |
| 43324 | Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures) |
| 43325 | Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure) |
| 43326 | Esophagogastric fundoplasty; with gastroplasty (eg, Collis) |
| 43330 | Esophagomyotomy (Heller type); abdominal approach |
| 43331 | Esophagomyotomy (Heller type); thoracic approach |
| 43340 | Esophagojejunostomy (without total gastrectomy); abdominal approach |
| 43341 | Esophagojejunostomy (without total gastrectomy); thoracic approach |
| 43350 | Esophagostomy, fistulization of esophagus, external; abdominal approach |
| 43351 | Esophagostomy, fistulization of esophagus, external; thoracic approach |
| 43352 | Esophagostomy, fistulization of esophagus, external; cervical approach |
| 43360 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty |
| 43361 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| 43400 | Ligation, direct, esophageal varices |
| 43401 | Transection of esophagus with repair, for esophageal varices |
| 43405 | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation |
| 43410 | Suture of esophageal wound or injury; cervical approach |
| 43415 | Suture of esophageal wound or injury; transthoracic or transabdominal approach |
| 43420 | Closure of esophagostomy or fistula; cervical approach |
| 43425 | Closure of esophagostomy or fistula; transthoracic or transabdominal approach |

EXTERNAL EAR

EXTERNAL EAR

EXCISION (EXTERNAL EAR)

| CPT Code | Description |
|-----------------|--|
| 69100 | Biopsy external ear |
| 69105 | Biopsy external auditory canal |
| 69110 | Excision external ear; partial, simple repair |
| 69120 | Excision external ear; complete amputation |
| 69140 | Excision exostosis(es), external auditory canal |
| 69145 | Excision soft tissue lesion, external auditory canal |
| 69150 | Radical excision external auditory canal lesion; without neck dissection |
| 69155 | Radical excision external auditory canal lesion; with neck dissection |

INCISION (EXTERNAL EAR)

| CPT Code | Description |
|-----------------|---|
| 69000 | Drainage external ear, abscess or hematoma; simple |
| 69005 | Drainage external ear, abscess or hematoma; complicated |
| 69020 | Drainage external auditory canal, abscess |
| 69090 | Ear piercing |

OTHER (EXTERNAL EAR)

| CPT Code | Description |
|-----------------|----------------------------------|
| 69399 | Unlisted procedure, external ear |

REMOVAL FOREIGN BODY

| CPT Code | Description |
|-----------------|--|
| 69200 | Removal foreign body from external auditory canal; without general anesthesia |
| 69205 | Removal foreign body from external auditory canal; with general anesthesia |
| 69210 | Removal impacted cerumen (separate procedure), one or both ears |
| 69220 | Debridement, mastoidectomy cavity, simple (eg, routine cleaning) |
| 69222 | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning) |

REPAIR (EXTERNAL EAR)

| CPT Code | Description |
|-----------------|--|
| 69300 | Otoplasty, protruding ear, with or without size reduction |
| 69310 | Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure) |
| 69320 | Reconstruction external auditory canal for congenital atresia, single stage |

EXTRACRANIAL NERVES

EXTRACRANIAL NERVES

NEURORRHAPHY

| CPT Code | Description |
|----------|---|
| 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 |

NEURORRHAPHY WITH NERVE GRAFT

| CPT Code | Description |
|----------|---|
| 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 |

HEAD

EXCISION (HEAD)

| CPT Code | Description |
|----------|---|
| 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 |
| 21046 | Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) |
| 21047 | Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s)) |
| 21048 | Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s)) |
| 21049 | Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion(s)) |
| 21050 | Condylectomy, temporomandibular joint (separate procedure) |
| 21060 | Meniscectomy, partial or complete, temporomandibular joint (separate procedure) |
| 21070 | Coronoidectomy (separate procedure) |

FRACTURE AND/OR DISLOCATION (HEAD)

| CPT Code | Description |
|----------|--|
| 21300 | Closed treatment of skull fracture without operation |

HEAD

FRACTURE AND/OR DISLOCATION (HEAD)

| CPT Code | Description |
|-----------------|--|
| 21310 | Closed treatment of nasal bone fracture without manipulation |
| 21315 | Closed treatment of nasal bone fracture; without stabilization |
| 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) |
| 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 |

HEAD

FRACTURE AND/OR DISLOCATION (HEAD)

| CPT Code | Description |
|-----------------|--|
| 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 |
| 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 |

INCISION (HEAD)

| CPT Code | Description |
|-----------------|-------------------------------------|
| 21010 | Arthrotomy, temporomandibular joint |

HEAD

INTRODUCTION OR REMOVAL (HEAD)

| CPT Code | Description |
|-----------------|--|
| 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 |
| 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 |

OTHER (HEAD)

| CPT Code | Description |
|-----------------|---|
| 21299 | Unlisted craniofacial and maxillofacial procedure |
| 21499 | Unlisted musculoskeletal procedure, head |

REPAIR REVISION, AND/OR RECONSTRUCTION (HEAD)

| CPT Code | Description |
|-----------------|--|
| 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 |

HEAD

REPAIR REVISION, AND/OR RECONSTRUCTION (HEAD)

| CPT Code | Description |
|-----------------|---|
| 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 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 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 |
| 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 |

HEAD

REPAIR REVISION, AND/OR RECONSTRUCTION (HEAD)

| CPT Code | Description |
|-----------------|---|
| 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; |
| 21199 | Osteotomy, mandible, segmental; with genioglossus advancement |
| 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) |
| 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 |

INNER EAR

EXCISION (INNER EAR)

| CPT Code | Description |
|-----------------|--|
| 69905 | Labyrinthectomy; transcanal |
| 69910 | Labyrinthectomy; with mastoidectomy |
| 69915 | Vestibular nerve section, translabyrinthine approach |

INCISION AND/OR DESTRUCTION (INNER EAR)

| CPT Code | Description |
|-----------------|--|
| 69801 | Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal |
| 69802 | Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy |
| 69805 | Endolymphatic sac operation; without shunt |
| 69806 | Endolymphatic sac operation; with shunt |
| 69820 | Fenestration semicircular canal |
| 69840 | Revision fenestration operation |

INTRODUCTION (INNER EAR)

| CPT Code | Description |
|-----------------|---|
| 69930 | Cochlear device implantation, with or without mastoidectomy |

OTHER (INNER EAR)

| CPT Code | Description |
|-----------------|-------------------------------|
| 69949 | Unlisted procedure, inner ear |

LARYNX

DESTRUCTION (LARYNX)

| CPT Code | Description |
|-----------------|---|
| 31595 | Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral |

ENDOSCOPY (LARYNX)

| CPT Code | Description |
|-----------------|---|
| 31505 | Laryngoscopy, indirect; diagnostic (separate procedure) |
| 31510 | Laryngoscopy, indirect; with biopsy |
| 31511 | Laryngoscopy, indirect; with removal of foreign body |
| 31512 | Laryngoscopy, indirect; with removal of lesion |
| 31513 | Laryngoscopy, indirect; with vocal cord injection |
| 31515 | Laryngoscopy direct, with or without tracheoscopy; for aspiration |

LARYNX

ENDOSCOPY (LARYNX)

| CPT Code | Description |
|-----------------|--|
| 31520 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn |
| 31525 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn |
| 31526 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope |
| 31527 | Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator |
| 31528 | Laryngoscopy direct, with or without tracheoscopy; with dilation, initial |
| 31529 | Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent |
| 31530 | Laryngoscopy, direct, operative, with foreign body removal; |
| 31531 | Laryngoscopy, direct, operative, with foreign body removal; with operating microscope |
| 31535 | Laryngoscopy, direct, operative, with biopsy; |
| 31536 | Laryngoscopy, direct, operative, with biopsy; with operating microscope |
| 31540 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; |
| 31541 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope |
| 31560 | Laryngoscopy, direct, operative, with arytenoidectomy; |
| 31561 | Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope |
| 31570 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; |
| 31571 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope |
| 31575 | Laryngoscopy, flexible fiberoptic; diagnostic |
| 31576 | Laryngoscopy, flexible fiberoptic; with biopsy |
| 31577 | Laryngoscopy, flexible fiberoptic; with removal of foreign body |
| 31578 | Laryngoscopy, flexible fiberoptic; with removal of lesion |
| 31579 | Laryngoscopy, flexible or rigid fiberoptic, with stroboscopy |

EXCISION (LARYNX)

| CPT Code | Description |
|-----------------|---|
| 31300 | Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, corpectomy |
| 31320 | Laryngotomy (thyrotomy, laryngofissure); diagnostic |
| 31360 | Laryngectomy; total, without radical neck dissection |
| 31365 | Laryngectomy; total, with radical neck dissection |
| 31367 | Laryngectomy; subtotal supraglottic, without radical neck dissection |
| 31368 | Laryngectomy; subtotal supraglottic, with radical neck dissection |
| 31370 | Partial laryngectomy (hemilaryngectomy); horizontal |
| 31375 | Partial laryngectomy (hemilaryngectomy); laterovertical |
| 31380 | Partial laryngectomy (hemilaryngectomy); anterovertical |
| 31382 | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical |
| 31390 | Pharyngolaryngectomy, with radical neck dissection; without reconstruction |
| 31395 | Pharyngolaryngectomy, with radical neck dissection; with reconstruction |
| 31400 | Arytenoidectomy or arytenoidopexy, external approach |
| 31420 | Epiglottidectomy |

LARYNX

INTRODUCTION (LARYNX)

| CPT Code | Description |
|-----------------|---|
| 31500 | Intubation, endotracheal, emergency procedure |
| 31502 | Tracheotomy tube change prior to establishment of fistula tract |

OTHER (LARYNX)

| CPT Code | Description |
|-----------------|----------------------------|
| 31599 | Unlisted procedure, larynx |

REPAIR (LARYNX)

| CPT Code | Description |
|-----------------|---|
| 31580 | Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal |
| 31582 | Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy |
| 31584 | Laryngoplasty; with open reduction of fracture |
| 31585 | Treatment of closed laryngeal fracture; without manipulation |
| 31586 | Treatment of closed laryngeal fracture; with closed manipulative reduction |
| 31587 | Laryngoplasty, cricoid split |
| 31588 | Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy) |
| 31590 | Laryngeal reinnervation by neuromuscular pedicle |

LIPS

EXCISION (LIPS)

| CPT Code | Description |
|-----------------|--|
| 40490 | Biopsy of lip |
| 40500 | Vermilionectomy (lip shave), with mucosal advancement |
| 40510 | Excision of lip; transverse wedge excision with primary closure |
| 40520 | Excision of lip; V-excision with primary direct linear closure |
| 40525 | Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) |
| 40527 | Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander) |
| 40530 | Resection of lip, more than one-fourth, without reconstruction |

OTHER (LIPS)

| CPT Code | Description |
|-----------------|--------------------------|
| 40799 | Unlisted procedure, lips |

REPAIR (LIPS)

| CPT Code | Description |
|-----------------|--|
| 40650 | Repair lip, full thickness; vermilion only |

LIPS

REPAIR (LIPS)

| CPT Code | Description |
|-----------------|---|
| 40652 | Repair lip, full thickness; up to half vertical height |
| 40654 | Repair lip, full thickness; over one-half vertical height, or complex |
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |
| 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle |

LYMPH NODES AND LYMPHATIC CHANNELS

EXCISION (LYMPH NODES)

| CPT Code | Description |
|-----------------|--|
| 38500 | Biopsy or excision of lymph node(s); open, superficial |
| 38505 | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) |
| 38510 | Biopsy or excision of lymph node(s); open, deep cervical node(s) |
| 38520 | Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad |
| 38525 | Biopsy or excision of lymph node(s); open, deep axillary node(s) |
| 38530 | Biopsy or excision of lymph node(s); open, internal mammary node(s) |
| 38542 | Dissection, deep jugular node(s) |
| 38550 | Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection |
| 38555 | Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection |

INCISION (LYMPH NODES)

| CPT Code | Description |
|-----------------|---|
| 38300 | Drainage of lymph node abscess or lymphadenitis; simple |
| 38305 | Drainage of lymph node abscess or lymphadenitis; extensive |
| 38308 | Lymphangiectomy or other operations on lymphatic channels |
| 38380 | Suture and/or ligation of thoracic duct; cervical approach |
| 38381 | Suture and/or ligation of thoracic duct; thoracic approach |
| 38382 | Suture and/or ligation of thoracic duct; abdominal approach |

INTRODUCTION (LYMPH NODES)

| CPT Code | Description |
|-----------------|--|
| 38790 | Injection procedure; lymphangiography |
| 38792 | Injection procedure; for identification of sentinel node |
| 38794 | Cannulation, thoracic duct |

LYMPH NODES AND LYMPHATIC CHANNELS

LAPAROSCOPY (LYMPH NODES)

| CPT Code | Description |
|----------|---|
| 38570 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple |
| 38571 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy |
| 38572 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple |
| 38589 | Unlisted laparoscopy procedure, lymphatic system |

LIMITED LYMPHADENECTOMY FOR STAGING

| CPT Code | Description |
|----------|---|
| 38562 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic |
| 38564 | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic) |

OTHER (LYMPH NODES)

| CPT Code | Description |
|----------|---|
| 38999 | Unlisted procedure, hemic or lymphatic system |

RADICAL LYMPHADENECTOMY

| CPT Code | Description |
|----------|--|
| 38700 | Suprahyoid lymphadenectomy |
| 38720 | Cervical lymphadenectomy (complete) |
| 38724 | Cervical lymphadenectomy (modified radical neck dissection) |
| 38740 | Axillary lymphadenectomy; superficial |
| 38745 | Axillary lymphadenectomy; complete |
| 38746 | Thoracic lymphadenectomy, regional, including mediastinal and peritracheal nodes (List separately in addition to code for primary procedure) |
| 38747 | Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure) |
| 38760 | Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure) |
| 38765 | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| 38770 | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| 38780 | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure) |

MIDDLE EAR

EXCISION (MIDDLE EAR)

| CPT Code | Description |
|----------|-------------|
|----------|-------------|

MIDDLE EAR

EXCISION (MIDDLE EAR)

| CPT Code | Description |
|-----------------|---|
| 69501 | Transmastoid antrotomy (simple mastoidectomy) |
| 69502 | Mastoidectomy; complete |
| 69505 | Mastoidectomy; modified radical |
| 69511 | Mastoidectomy; radical |
| 69530 | Petrous apicectomy including radical mastoidectomy |
| 69535 | Resection temporal bone, external approach |
| 69540 | Excision aural polyp |
| 69550 | Excision aural glomus tumor; transcanal |
| 69552 | Excision aural glomus tumor; transmastoid |
| 69554 | Excision aural glomus tumor; extended (extratemporal) |

INCISION (MIDDLE EAR)

| CPT Code | Description |
|-----------------|--|
| 69420 | Myringotomy including aspiration and/or eustachian tube inflation |
| 69421 | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia |
| 69424 | Ventilating tube removal requiring general anesthesia |
| 69433 | Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia |
| 69436 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia |
| 69440 | Middle ear exploration through postauricular or ear canal incision |
| 69450 | Tympanolysis, transcanal |

OTHER (MIDDLE EAR)

| CPT Code | Description |
|-----------------|--|
| 69700 | Closure postauricular fistula, mastoid (separate procedure) |
| 69710 | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone |
| 69711 | Removal or repair of electromagnetic bone conduction hearing device in temporal bone |
| 69714 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69715 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy |
| 69717 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69718 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy |
| 69720 | Decompression facial nerve, intratemporal; lateral to geniculate ganglion |
| 69725 | Decompression facial nerve, intratemporal; including medial to geniculate ganglion |
| 69740 | Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion |

MIDDLE EAR

OTHER (MIDDLE EAR)

| CPT Code | Description |
|----------|---|
| 69745 | Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion |
| 69799 | Unlisted procedure, middle ear |

REPAIR (MIDDLE EAR)

| CPT Code | Description |
|----------|--|
| 69601 | Revision mastoidectomy; resulting in complete mastoidectomy |
| 69602 | Revision mastoidectomy; resulting in modified radical mastoidectomy |
| 69603 | Revision mastoidectomy; resulting in radical mastoidectomy |
| 69604 | Revision mastoidectomy; resulting in tympanoplasty |
| 69605 | Revision mastoidectomy; with apicectomy |
| 69610 | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch |
| 69620 | Myringoplasty (surgery confined to drumhead and donor area) |
| 69631 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction |
| 69632 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) |
| 69633 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)) |
| 69635 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction |
| 69636 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction |
| 69637 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular replacement prosthesis (TORP)) |
| 69641 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction |
| 69642 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction |
| 69643 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction |
| 69644 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction |
| 69645 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction |
| 69646 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction |
| 69650 | Stapes mobilization |
| 69660 | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; |

MIDDLE EAR

REPAIR (MIDDLE EAR)

| CPT Code | Description |
|-----------------|---|
| 69661 | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out |
| 69662 | Revision of stapedectomy or stapedotomy |
| 69666 | Repair oval window fistula |
| 69667 | Repair round window fistula |
| 69670 | Mastoid obliteration (separate procedure) |
| 69676 | Tympanic neurectomy |

MUSCULOSKELETAL

GRAFTS (OR IMPLANTS)

| CPT Code | Description |
|-----------------|--------------------------------|
| 20910 | Cartilage graft; costochondral |
| 20912 | Cartilage graft; nasal septum |

NECK

EXCISION (NECK)

| CPT Code | Description |
|-----------------|--|
| 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 |

FRACTURE AND/OR DISLOCATION (NECK)

| CPT Code | Description |
|-----------------|--|
| 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 |

NECK

INCISION (NECK)

| CPT Code | Description |
|-----------------|---|
| 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 |

OTHER (NECK)

| CPT Code | Description |
|-----------------|------------------------------------|
| 21899 | Unlisted procedure, neck or thorax |

REPAIR, REVISION AND/OR RECONSTRUCTION (NECK)

| CPT Code | Description |
|-----------------|--|
| 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 |
| 21740 | Reconstructive repair of pectus excavatum or carinatum; open |
| 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy |
| 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy |
| 21750 | Closure of median sternotomy separation with or without debridement (separate procedure) |

NOSE

DESTRUCTION (NOSE)

| CPT Code | Description |
|-----------------|---|
| 30801 | Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); superficial |
| 30802 | Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); intramural |

EXCISION (NOSE)

| CPT Code | Description |
|-----------------|---|
| 30100 | Biopsy, intranasal |
| 30110 | Excision, nasal polyp(s), simple |
| 30115 | Excision, nasal polyp(s), extensive |
| 30117 | Excision or destruction (eg, laser), intranasal lesion; internal approach |
| 30118 | Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy) |
| 30120 | Excision or surgical planing of skin of nose for rhinophyma |

NOSE

EXCISION (NOSE)

| CPT Code | Description |
|-----------------|--|
| 30124 | Excision dermoid cyst, nose; simple, skin, subcutaneous |
| 30125 | Excision dermoid cyst, nose; complex, under bone or cartilage |
| 30130 | Excision turbinate, partial or complete, any method |
| 30140 | Submucous resection turbinate, partial or complete, any method |
| 30150 | Rhinectomy; partial |
| 30160 | Rhinectomy; total |

INCISION (NOSE)

| CPT Code | Description |
|-----------------|--|
| 30000 | Drainage abscess or hematoma, nasal, internal approach |
| 30020 | Drainage abscess or hematoma, nasal septum |

INTRODUCTION (NOSE)

| CPT Code | Description |
|-----------------|---|
| 30200 | Injection into turbinate(s), therapeutic |
| 30210 | Displacement therapy (Proetz type) |
| 30220 | Insertion, nasal septal prosthesis (button) |

OTHER (NOSE)

| CPT Code | Description |
|-----------------|--|
| 30901 | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method |
| 30903 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method |
| 30905 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial |
| 30906 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent |
| 30915 | Ligation arteries; ethmoidal |
| 30920 | Ligation arteries; internal maxillary artery, transantral |
| 30930 | Fracture nasal turbinate(s), therapeutic |
| 30999 | Unlisted procedure, nose |

REMOVAL FOREIGN BODY (NOSE)

| CPT Code | Description |
|-----------------|--|
| 30300 | Removal foreign body, intranasal; office type procedure |
| 30310 | Removal foreign body, intranasal; requiring general anesthesia |
| 30320 | Removal foreign body, intranasal; by lateral rhinotomy |

NOSE

REPAIR (NOSE)

| CPT Code | Description |
|-----------------|---|
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| 30420 | Rhinoplasty, primary; including major septal repair |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies |
| 30465 | Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction) |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| 30540 | Repair choanal atresia; intranasal |
| 30545 | Repair choanal atresia; transpalatine |
| 30560 | Lysis intranasal synechia |
| 30580 | Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) |
| 30600 | Repair fistula; oronasal |
| 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) |
| 30630 | Repair nasal septal perforations |

OCULAR ADNEXA

EYELIDS - EXCISION

| CPT Code | Description |
|-----------------|---|
| 67800 | Excision of chalazion; single |
| 67801 | Excision of chalazion; multiple, same lid |
| 67805 | Excision of chalazion; multiple, different lids |
| 67808 | Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple |
| 67810 | Biopsy of eyelid |
| 67820 | Correction of trichiasis; epilation, by forceps only |
| 67825 | Correction of trichiasis; epilation by other than forceps (eg, by electrocautery, cryotherapy, laser surgery) |
| 67830 | Correction of trichiasis; incision of lid margin |
| 67835 | Correction of trichiasis; incision of lid margin, with free mucous membrane graft |
| 67840 | Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure |
| 67850 | Destruction of lesion of lid margin (up to 1 cm) |

EYELIDS - INCISION

| CPT Code | Description |
|-----------------|---|
| 67700 | Blepharotomy, drainage of abscess, eyelid |

OCULAR ADNEXA

EYELIDS - INCISION

| CPT Code | Description |
|----------|---------------------------------|
| 67710 | Severing of tarsorrhaphy |
| 67715 | Canthotomy (separate procedure) |

EYELIDS - OTHER

| CPT Code | Description |
|----------|-----------------------------|
| 67999 | Unlisted procedure, eyelids |

EYELIDS - RECONSTRUCTION

| CPT Code | Description |
|----------|---|
| 67930 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness |
| 67935 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness |
| 67938 | Removal of embedded foreign body, eyelid |
| 67950 | Canthoplasty (reconstruction of canthus) |
| 67961 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin |
| 67966 | Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin |
| 67971 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage |
| 67973 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage |
| 67974 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage |
| 67975 | Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage |

EYELIDS - REPAIR

| CPT Code | Description |
|----------|---|
| 67900 | Repair of brow ptosis (supraciliary, mid-forehead or coronal approach) |
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material |
| 67902 | Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia) |
| 67903 | Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach |
| 67904 | Repair of blepharoptosis; (tarso) levator resection or advancement, external approach |
| 67906 | Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia) |

OCULAR ADNEXA

EYELIDS - REPAIR

| CPT Code | Description |
|-----------------|---|
| 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type) |
| 67909 | Reduction of overcorrection of ptosis |
| 67911 | Correction of lid retraction |
| 67914 | Repair of ectropion; suture |
| 67915 | Repair of ectropion; thermocauterization |
| 67916 | Repair of ectropion; excision tarsal wedge |
| 67917 | Repair of ectropion; extensive (eg, tarsal strip operations) |
| 67921 | Repair of entropion; suture |
| 67922 | Repair of entropion; thermocauterization |
| 67923 | Repair of entropion; excision tarsal wedge |
| 67924 | Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) |

EYELIDS - TARSORRHAPHY

| CPT Code | Description |
|-----------------|--|
| 67875 | Temporary closure of eyelids by suture (eg, Frost suture) |
| 67880 | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; |
| 67882 | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate |

ORBIT - EXPLORATION, EXCISION, DECOMPRESSION

| CPT Code | Description |
|-----------------|--|
| 67400 | Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy |
| 67405 | Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only |
| 67412 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion |
| 67413 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body |
| 67414 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression |
| 67415 | Fine needle aspiration of orbital contents |
| 67420 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion |
| 67430 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body |
| 67440 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage |
| 67445 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression |
| 67450 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy |

OCULAR ADNEXA

ORBIT - OTHER

| CPT Code | Description |
|-----------------|---|
| 67500 | Retrobulbar injection; medication (separate procedure, does not include supply of medication) |
| 67505 | Retrobulbar injection; alcohol |
| 67515 | Injection of medication or other substance into Tenon's capsule |
| 67550 | Orbital implant (implant outside muscle cone); insertion |
| 67560 | Orbital implant (implant outside muscle cone); removal or revision |
| 67570 | Optic nerve decompression (eg, incision or fenestration of optic nerve sheath) |
| 67599 | Unlisted procedure, orbit |

PALATE AND UVULA

EXCISION, DESTRUCTION (PALATE)

| CPT Code | Description |
|-----------------|---|
| 42100 | Biopsy of palate, uvula |
| 42104 | Excision, lesion of palate, uvula; without closure |
| 42106 | Excision, lesion of palate, uvula; with simple primary closure |
| 42107 | Excision, lesion of palate, uvula; with local flap closure |
| 42120 | Resection of palate or extensive resection of lesion |
| 42140 | Uvulectomy, excision of uvula |
| 42145 | Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty) |
| 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) |

INCISION (PALATE)

| CPT Code | Description |
|-----------------|--------------------------------------|
| 42000 | Drainage of abscess of palate, uvula |

OTHER (PALATE)

| CPT Code | Description |
|-----------------|-----------------------------------|
| 42299 | Unlisted procedure, palate, uvula |

REPAIR (PALATE)

| CPT Code | Description |
|-----------------|---|
| 42180 | Repair, laceration of palate; up to 2 cm |
| 42182 | Repair, laceration of palate; over 2 cm or complex |
| 42200 | Palatoplasty for cleft palate, soft and/or hard palate only |
| 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| 42210 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) |
| 42215 | Palatoplasty for cleft palate; major revision |

PALATE AND UVULA

REPAIR (PALATE)

| CPT Code | Description |
|-----------------|--|
| 42220 | Palatoplasty for cleft palate; secondary lengthening procedure |
| 42225 | Palatoplasty for cleft palate; attachment pharyngeal flap |
| 42226 | Lengthening of palate, and pharyngeal flap |
| 42227 | Lengthening of palate, with island flap |
| 42235 | Repair of anterior palate, including vomer flap |
| 42260 | Repair of nasolabial fistula |
| 42280 | Maxillary impression for palatal prosthesis |
| 42281 | Insertion of pin-retained palatal prosthesis |

PARATHYROID, THYMUS, ADRENAL GLANDS, AND CAROTID

EXCISION (PARATHYROID)

| CPT Code | Description |
|-----------------|--|
| 60500 | Parathyroidectomy or exploration of parathyroid(s); |
| 60502 | Parathyroidectomy or exploration of parathyroid(s); re-exploration |
| 60505 | Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach |
| 60512 | Parathyroid autotransplantation (List separately in addition to code for primary procedure) |
| 60520 | Thymectomy, partial or total; transcervical approach (separate procedure) |
| 60521 | Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure) |
| 60522 | Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure) |
| 60540 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); |
| 60545 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor |
| 60600 | Excision of carotid body tumor; without excision of carotid artery |
| 60605 | Excision of carotid body tumor; with excision of carotid artery |

LAPAROSCOPY (PARATHYROID)

| CPT Code | Description |
|-----------------|--|
| 60650 | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal |
| 60659 | Unlisted laparoscopy procedure, endocrine system |

OTHER (PARATHYROID)

| CPT Code | Description |
|-----------------|--------------------------------------|
| 60699 | Unlisted procedure, endocrine system |

PHARYNX, ADENOIDS, AND TONSILS

EXCISION, DESTRUCTION (PHARYNX)

| CPT Code | Description |
|-----------------|---|
| 42800 | Biopsy; oropharynx |
| 42802 | Biopsy; hypopharynx |
| 42804 | Biopsy; nasopharynx, visible lesion, simple |
| 42806 | Biopsy; nasopharynx, survey for unknown primary lesion |
| 42808 | Excision or destruction of lesion of pharynx, any method |
| 42809 | Removal of foreign body from pharynx |
| 42810 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues |
| 42815 | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx |
| 42820 | Tonsillectomy and adenoidectomy; under age 12 |
| 42821 | Tonsillectomy and adenoidectomy; age 12 or over |
| 42825 | Tonsillectomy, primary or secondary; under age 12 |
| 42826 | Tonsillectomy, primary or secondary; age 12 or over |
| 42830 | Adenoidectomy, primary; under age 12 |
| 42831 | Adenoidectomy, primary; age 12 or over |
| 42835 | Adenoidectomy, secondary; under age 12 |
| 42836 | Adenoidectomy, secondary; age 12 or over |
| 42842 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure |
| 42844 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal) |
| 42845 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap |
| 42860 | Excision of tonsil tags |
| 42870 | Excision or destruction lingual tonsil, any method (separate procedure) |
| 42890 | Limited pharyngectomy |
| 42892 | Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls |
| 42894 | Resection of pharyngeal wall requiring closure with myocutaneous flap |

INCISION (PHARYNX)

| CPT Code | Description |
|-----------------|--|
| 42700 | Incision and drainage abscess; peritonsillar |
| 42720 | Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach |
| 42725 | Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach |

OTHER (PHARYNX)

| CPT Code | Description |
|-----------------|---|
| 42955 | Pharyngostomy (fistulization of pharynx, external for feeding) |
| 42960 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple |
| 42961 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization |
| 42962 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention |

PHARYNX, ADENOIDS, AND TONSILS

OTHER (PHARYNX)

| CPT Code | Description |
|----------|---|
| 42970 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery |
| 42971 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization |
| 42972 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention |
| 42999 | Unlisted procedure, pharynx, adenoids, or tonsils |

REPAIR (PHARYNX)

| CPT Code | Description |
|----------|---|
| 42900 | Suture pharynx for wound or injury |
| 42950 | Pharyngoplasty (plastic or reconstructive operation on pharynx) |
| 42953 | Pharyngoesophageal repair |

SALIVARY GLAND AND DUCTS

EXCISION (SALIVARY)

| CPT Code | Description |
|----------|--|
| 42400 | Biopsy of salivary gland; needle |
| 42405 | Biopsy of salivary gland; incisional |
| 42408 | Excision of sublingual salivary cyst (ranula) |
| 42409 | Marsupialization of sublingual salivary cyst (ranula) |
| 42410 | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection |
| 42415 | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve |
| 42420 | Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve |
| 42425 | Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve |
| 42426 | Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection |
| 42440 | Excision of submandibular (submaxillary) gland |
| 42450 | Excision of sublingual gland |

INCISION (SALIVARY)

| CPT Code | Description |
|----------|---|
| 42300 | Drainage of abscess; parotid, simple |
| 42305 | Drainage of abscess; parotid, complicated |
| 42310 | Drainage of abscess; submaxillary or sublingual, intraoral |
| 42320 | Drainage of abscess; submaxillary, external |
| 42325 | Fistulization of sublingual salivary cyst (ranula); |
| 42326 | Fistulization of sublingual salivary cyst (ranula); with prosthesis |
| 42330 | Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral |

SALIVARY GLAND AND DUCTS

INCISION (SALIVARY)

| CPT Code | Description |
|----------|--|
| 42335 | Sialolithotomy; submandibular (submaxillary), complicated, intraoral |
| 42340 | Sialolithotomy; parotid, extraoral or complicated intraoral |

OTHER (SALIVARY)

| CPT Code | Description |
|----------|--|
| 42550 | Injection procedure for sialography |
| 42600 | Closure salivary fistula |
| 42650 | Dilation salivary duct |
| 42660 | Dilation and catheterization of salivary duct, with or without injection |
| 42665 | Ligation salivary duct, intraoral |
| 42699 | Unlisted procedure, salivary glands or ducts |

REPAIR (SALIVARY)

| CPT Code | Description |
|----------|---|
| 42500 | Plastic repair of salivary duct, sialodochoplasty; primary or simple |
| 42505 | Plastic repair of salivary duct, sialodochoplasty; secondary or complicated |
| 42507 | Parotid duct diversion, bilateral (Wilke type procedure); |
| 42508 | Parotid duct diversion, bilateral (Wilke type procedure); with excision of one submandibular gland |
| 42509 | Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands |
| 42510 | Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts |

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

ADJACENT TISSUE TRANSFER OR REARRANGEMENT

| CPT Code | Description |
|----------|--|
| 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 |

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

EXCISION BENIGN LESIONS

| CPT Code | Description |
|-----------------|--|
| 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 |
| 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 |
| 11446 | Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm |

EXCISION MALIGNANT LESIONS

| CPT Code | Description |
|-----------------|--|
| 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 |
| 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 0.5 cm or less |
| 11641 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm |
| 11642 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm |
| 11643 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm |
| 11644 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm |
| 11646 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm |

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

FLAPS (SKIN AND/OR DEEP TISSUE)

| CPT Code | Description |
|----------|--|
| 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 |
| 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 |
| 15732 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae) |

FREE SKIN GRAFTS

| CPT Code | Description |
|----------|--|
| 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) |
| 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 |
| 15350 | Application of allograft, skin; 100 sq cm or less |

OTHER (SKIN)

| CPT Code | Description |
|----------|--|
| 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) |
| 15781 | Dermabrasion; segmental, face |
| 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) |
| 15826 | Rhytidectomy; glabellar frown lines |
| 15828 | Rhytidectomy; cheek, chin, and neck |
| 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap |
| 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 |
| 15876 | Suction assisted lipectomy; head and neck |

OTHER FLAPS AND GRAFTS

| CPT Code | Description |
|----------|---|
| 15756 | Free muscle or myocutaneous flap with microvascular anastomosis |

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

OTHER FLAPS AND GRAFTS

| CPT Code | Description |
|-----------------|---|
| 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 |

REPAIR, COMPLEX

| CPT Code | Description |
|-----------------|---|
| 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) |
| 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) |

REPAIR, INTERMEDIATE

| CPT Code | Description |
|-----------------|--|
| 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 |

SKIN, SUBCUTANEOUS AND ACCESSORY STRUCTURES

REPAIR, INTERMEDIATE

| CPT Code | Description |
|-----------------|--|
| 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 |

REPAIR, SIMPLE

| CPT Code | Description |
|-----------------|--|
| 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 |

SKULL, MENINGES, AND BRAIN

CRANIECTOMY OR CRANIOTOMY

| CPT Code | Description |
|----------|--|
| 61526 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; |

SURGERY OF SKULL BASE

APPROACH PROCEDURES

| CPT Code | Description |
|----------|---|
| 61580 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, 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 |

SURGERY OF SKULL BASE

DEFINITIVE PROCEDURES

| CPT Code | Description |
|-----------------|--|
| 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 |
| 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 |

TEMPORAL BONE

OTHER (TEMPORAL BONE)

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

TEMPORAL BONE, MIDDLE FOSSA APPROACH

| CPT Code | Description |
|-----------------|--|
| 69950 | Vestibular nerve section, transcranial approach |
| 69955 | Total facial nerve decompression and/or repair (may include graft) |
| 69960 | Decompression internal auditory canal |
| 69970 | Removal of tumor, temporal bone |

THYROID GLAND

THYROID GLAND

EXCISION (THYROID)

| CPT Code | Description |
|-----------------|---|
| 60001 | Aspiration and/or injection, thyroid cyst |
| 60100 | Biopsy thyroid, percutaneous core needle |
| 60200 | Excision of cyst or adenoma of thyroid, or transection of isthmus |
| 60210 | Partial thyroid lobectomy, unilateral; with or without isthmusectomy |
| 60212 | Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| 60220 | Total thyroid lobectomy, unilateral; with or without isthmusectomy |
| 60225 | Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| 60240 | Thyroidectomy, total or complete |
| 60252 | Thyroidectomy, total or subtotal for malignancy; with limited neck dissection |
| 60254 | Thyroidectomy, total or subtotal for malignancy; with radical neck dissection |
| 60260 | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid |
| 60270 | Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach |
| 60271 | Thyroidectomy, including substernal thyroid; cervical approach |
| 60280 | Excision of thyroglossal duct cyst or sinus; |
| 60281 | Excision of thyroglossal duct cyst or sinus; recurrent |

INCISION (THYROID)

| CPT Code | Description |
|-----------------|---|
| 60000 | Incision and drainage of thyroglossal duct cyst, infected |

TONGUE AND FLOOR OF MOUTH

EXCISION (TONGUE)

| CPT Code | Description |
|-----------------|---|
| 41100 | Biopsy of tongue; anterior two-thirds |
| 41105 | Biopsy of tongue; posterior one-third |
| 41108 | Biopsy of floor of mouth |
| 41110 | Excision of lesion of tongue without closure |
| 41112 | Excision of lesion of tongue with closure; anterior two-thirds |
| 41113 | Excision of lesion of tongue with closure; posterior one-third |
| 41114 | Excision of lesion of tongue with closure; with local tongue flap |
| 41115 | Excision of lingual frenum (frenectomy) |
| 41116 | Excision, lesion of floor of mouth |
| 41120 | Glossectomy; less than one-half tongue |
| 41130 | Glossectomy; hemiglossectomy |
| 41135 | Glossectomy; partial, with unilateral radical neck dissection |
| 41140 | Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection |

TONGUE AND FLOOR OF MOUTH

EXCISION (TONGUE)

| CPT Code | Description |
|-----------------|---|
| 41145 | Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection |
| 41150 | Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection |
| 41153 | Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection |
| 41155 | Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) |

INCISION (TONGUE)

| CPT Code | Description |
|-----------------|---|
| 41000 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual |
| 41005 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial |
| 41006 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprahyoid |
| 41007 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space |
| 41008 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space |
| 41009 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space |
| 41010 | Incision of lingual frenum (frenotomy) |
| 41015 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual |
| 41016 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental |
| 41017 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular |
| 41018 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space |

OTHER (TONGUE)

| CPT Code | Description |
|-----------------|---|
| 41500 | Fixation of tongue, mechanical, other than suture (eg, K-wire) |
| 41510 | Suture of tongue to lip for micrognathia (Douglas type procedure) |
| 41520 | Frenoplasty (surgical revision of frenum, eg, with Z-plasty) |
| 41599 | Unlisted procedure, tongue, floor of mouth |

REPAIR (TONGUE)

| CPT Code | Description |
|-----------------|--|
| 41250 | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue |

TONGUE AND FLOOR OF MOUTH

REPAIR (TONGUE)

| CPT Code | Description |
|----------|--|
| 41251 | Repair of laceration 2.5 cm or less; posterior one-third of tongue |
| 41252 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex |

TRACHEA AND BRONCHI

ENDOSCOPY (TRACHEA)

| CPT Code | Description |
|----------|--|
| 31615 | Tracheobronchoscopy through established tracheostomy incision |
| 31622 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure) |
| 31623 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with brushing or protected brushings |
| 31624 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial alveolar lavage |
| 31625 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with bronchial or endobronchial biopsy(s), single or multiple sites |
| 31628 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial lung biopsy(s), single lobe |
| 31629 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) |
| 31630 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with tracheal/bronchial dilation or closed reduction of fracture |
| 31631 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) |
| 31635 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with removal of foreign body |
| 31640 | Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; with excision of tumor |
| 31641 | Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy) |
| 31643 | Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application |
| 31645 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess) |
| 31646 | Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent |
| 31656 | Bronchoscopy, (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only) |

INCISION (TRACHEA)

| CPT Code | Description |
|----------|---|
| 31600 | Tracheostomy, planned (separate procedure); |
| 31601 | Tracheostomy, planned (separate procedure); under two years |

TRACHEA AND BRONCHI

INCISION (TRACHEA)

| CPT Code | Description |
|-----------------|--|
| 31603 | Tracheostomy, emergency procedure; transtracheal |
| 31605 | Tracheostomy, emergency procedure; cricothyroid membrane |
| 31610 | Tracheostomy, fenestration procedure with skin flaps |
| 31611 | Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis) |
| 31612 | Tracheal puncture, percutaneous with transtracheal aspiration and/or injection |
| 31613 | Tracheostoma revision; simple, without flap rotation |
| 31614 | Tracheostoma revision; complex, with flap rotation |

INTRODUCTION (TRACHEA)

| CPT Code | Description |
|-----------------|--|
| 31700 | Catheterization, transglottic (separate procedure) |
| 31708 | Instillation of contrast material for laryngography or bronchography, without catheterization |
| 31710 | Catheterization for bronchography, with or without instillation of contrast material |
| 31715 | Transtracheal injection for bronchography |
| 31717 | Catheterization with bronchial brush biopsy |
| 31720 | Catheter aspiration (separate procedure); nasotracheal |
| 31725 | Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside |
| 31730 | Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy |

OTHER (TRACHEA)

| CPT Code | Description |
|-----------------|--------------------------------------|
| 31899 | Unlisted procedure, trachea, bronchi |

REPAIR (TRACHEA)

| CPT Code | Description |
|-----------------|--|
| 31750 | Tracheoplasty; cervical |
| 31755 | Tracheoplasty; tracheopharyngeal fistulization, each stage |
| 31760 | Tracheoplasty; intrathoracic |
| 31770 | Bronchoplasty; graft repair |
| 31775 | Bronchoplasty; excision stenosis and anastomosis |
| 31780 | Excision tracheal stenosis and anastomosis; cervical |
| 31781 | Excision tracheal stenosis and anastomosis; cervicothoracic |
| 31785 | Excision of tracheal tumor or carcinoma; cervical |
| 31786 | Excision of tracheal tumor or carcinoma; thoracic |
| 31800 | Suture of tracheal wound or injury; cervical |
| 31805 | Suture of tracheal wound or injury; intrathoracic |
| 31820 | Surgical closure tracheostomy or fistula; without plastic repair |
| 31825 | Surgical closure tracheostomy or fistula; with plastic repair |

TRACHEA AND BRONCHI

REPAIR (TRACHEA)

| CPT Code | Description |
|-----------------|-------------------------------|
| 31830 | Revision of tracheostomy scar |

VESTIBULE OF MOUTH

EXCISION, DESTRUCTION (VESTIBULE OF MOUTH)

| CPT Code | Description |
|-----------------|--|
| 40808 | Biopsy, vestibule of mouth |
| 40810 | Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair |
| 40812 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair |
| 40814 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair |
| 40816 | Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle |
| 40818 | Excision of mucosa of vestibule of mouth as donor graft |
| 40819 | Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy) |
| 40820 | Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical) |

INCISION (VESTIBULE OF MOUTH)

| CPT Code | Description |
|-----------------|--|
| 40800 | Drainage of abscess, cyst, hematoma, vestibule of mouth; simple |
| 40801 | Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated |
| 40804 | Removal of embedded foreign body, vestibule of mouth; simple |
| 40805 | Removal of embedded foreign body, vestibule of mouth; complicated |
| 40806 | Incision of labial frenum (frenotomy) |

OTHER (VESTIBULE OF MOUTH)

| CPT Code | Description |
|-----------------|--|
| 40899 | Unlisted procedure, vestibule of mouth |

REPAIR (VESTIBULE OF MOUTH)

| CPT Code | Description |
|-----------------|--|
| 40830 | Closure of laceration, vestibule of mouth; 2.5 cm or less |
| 40831 | Closure of laceration, vestibule of mouth; over 2.5 cm or complex |
| 40840 | Vestibuloplasty; anterior |
| 40842 | Vestibuloplasty; posterior, unilateral |
| 40843 | Vestibuloplasty; posterior, bilateral |
| 40844 | Vestibuloplasty; entire arch |
| 40845 | Vestibuloplasty; complex (including ridge extension, muscle repositioning) |
