

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
11010	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11040	Debridement; skin, partial thickness
11041	Debridement; skin, full thickness
11042	Debridement; skin, and subcutaneous tissue
11043	Debridement; skin, subcutaneous tissue, and muscle
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
11440	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11770	Excision of pilonidal cyst or sinus; simple
11771	Excision of pilonidal cyst or sinus; extensive
11772	Excision of pilonidal cyst or sinus; complicated
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
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
13150	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less

AVAILABLE CPT CODES For Pediatric Surgery

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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
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
15000	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	Split graft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15101	Split graft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15121	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips;

AVAILABLE CPT CODES For Pediatric Surgery

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	each additional 20 sq cm (List separately in addition to code for primary procedure)
15350	Application of allograft, skin; 100 sq cm or less
15400	Application of xenograft, skin; 100 sq cm or less
15756	Free muscle or myocutaneous flap with microvascular anastomosis
16000	Initial treatment, first degree burn, when no more than local treatment is required
16010	Dressings and/or debridement, initial or subsequent; under anesthesia, small
16015	Dressings and/or debridement, initial or subsequent; under anesthesia, medium or large, or with major debridement
16020	Dressings and/or debridement, initial or subsequent; without anesthesia, office or hospital, small
16025	Dressings and/or debridement, initial or subsequent; without anesthesia, medium (eg, whole face or whole extremity)
16035	Escharotomy; initial incision
19140	Mastectomy for gynecomastia
19182	Mastectomy, subcutaneous
19260	Excision of chest wall tumor including ribs
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy
20520	Removal of foreign body in muscle or tendon sheath; simple
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
21015	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
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
21740	Reconstructive repair of pectus excavatum or carinatum; open
21930	Excision, tumor, soft tissue of back or flank
21935	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
22900	Excision, abdominal wall tumor, subfascial (eg, desmoid)
23077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
24077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area
25077	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
26117	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
27047	Excision, tumor, pelvis and hip area; subcutaneous tissue
27048	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
27049	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27327	Excision, tumor, thigh or knee area; subcutaneous
27328	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27615	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area
31575	Laryngoscopy, flexible fiberoptic; diagnostic
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
31587	Laryngoplasty, cricoid split
31588	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590	Laryngeal reinnervation by neuromuscular pedicle
31599	Unlisted procedure, larynx
31600	Tracheostomy, planned (separate procedure);
31601	Tracheostomy, planned (separate procedure); under two years
31603	Tracheostomy, emergency procedure; transtracheal
31605	Tracheostomy, emergency procedure; cricothyroid membrane
31610	Tracheostomy, fenestration procedure with skin flaps
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
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
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

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
31750	Tracheoplasty; cervical
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage
31760	Tracheoplasty; intrathoracic
31766	Carinal reconstruction
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
32035	Thoracostomy; with rib resection for empyema
32036	Thoracostomy; with open flap drainage for empyema
32095	Thoracotomy, limited, for biopsy of lung or pleura
32100	Thoracotomy, major; with exploration and biopsy
32110	Thoracotomy, major; with control of traumatic hemorrhage and/or repair of lung tear
32141	Thoracotomy, major; with excision-plication of bullae, with or without any pleural procedure
32160	Thoracotomy, major; with cardiac massage
32320	Decortication and parietal pleurectomy
32440	Removal of lung, total pneumonectomy;
32442	Removal of lung, total pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)
32445	Removal of lung, total pneumonectomy; extrapleural
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
32482	Removal of lung, other than total pneumonectomy; two lobes (bilobectomy)
32484	Removal of lung, other than total pneumonectomy; single segment (segmentectomy)
32486	Removal of lung, other than total pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)
32488	Removal of lung, other than total pneumonectomy; all remaining lung following previous removal of a portion of lung (completion pneumonectomy)
32491	Removal of lung, other than total pneumonectomy; excision-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, with or without any pleural procedure
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple
32520	Resection of lung; with resection of chest wall
32522	Resection of lung; with reconstruction of chest wall, without prosthesis
32525	Resection of lung; with major reconstruction of chest wall, with prosthesis

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
32601	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, without biopsy
32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy
32603	Thoracoscopy, diagnostic (separate procedure); pericardial sac, without biopsy
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy
32605	Thoracoscopy, diagnostic (separate procedure); mediastinal space, without biopsy
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy
32651	Thoracoscopy, surgical; with partial pulmonary decortication
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis
32657	Thoracoscopy, surgical; with wedge resection of lung, single or multiple
32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass
32663	Thoracoscopy, surgical; with lobectomy, total or segmental
32665	Thoracoscopy, surgical; with esophagomyotomy (Heller type)
32820	Major reconstruction, chest wall (posttraumatic)
32905	Thoracoplasty, Schede type or extrapleural (all stages);
32906	Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula
33420	Valvotomy, mitral valve; closed heart
33470	Valvotomy, pulmonary valve, closed heart; transventricular
33641	Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch
33645	Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage
33647	Repair of atrial septal defect and ventricular septal defect, with direct or patch closure
33800	Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)
33802	Division of aberrant vessel (vascular ring);
33803	Division of aberrant vessel (vascular ring); with reanastomosis
33820	Repair of patent ductus arteriosus; by ligation
33822	Repair of patent ductus arteriosus; by division, under 18 years
33824	Repair of patent ductus arteriosus; by division, 18 years and older
33840	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis
33845	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft
33851	Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
35011	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision
35013	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision
35045	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery
35091	Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)
35182	Repair, congenital arteriovenous fistula; thorax and abdomen
35184	Repair, congenital arteriovenous fistula; extremities
35201	Repair blood vessel, direct; neck
35206	Repair blood vessel, direct; upper extremity
35207	Repair blood vessel, direct; hand, finger
35211	Repair blood vessel, direct; intrathoracic, with bypass
35216	Repair blood vessel, direct; intrathoracic, without bypass
35221	Repair blood vessel, direct; intra-abdominal
35226	Repair blood vessel, direct; lower extremity
35231	Repair blood vessel with vein graft; neck
35236	Repair blood vessel with vein graft; upper extremity
35246	Repair blood vessel with vein graft; intrathoracic, without bypass
35251	Repair blood vessel with vein graft; intra-abdominal
35256	Repair blood vessel with vein graft; lower extremity
35261	Repair blood vessel with graft other than vein; neck
35266	Repair blood vessel with graft other than vein; upper extremity
35276	Repair blood vessel with graft other than vein; intrathoracic, without bypass
35281	Repair blood vessel with graft other than vein; intra-abdominal
35286	Repair blood vessel with graft other than vein; lower extremity
35480	Transluminal peripheral atherectomy, open; renal or other visceral artery
35536	Bypass graft, with vein; splenorenal
35556	Bypass graft, with vein; femoral-popliteal
35560	Bypass graft, with vein; aortorenal
35631	Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
35636	Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)
35656	Bypass graft, with other than vein; femoral-popliteal
36555	Insertion of non-tunneled centrally inserted central venous catheter; under 5 years of age
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; under 5 years of age
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; under 5 years of age
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump
36565	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)
36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; under 5 years of age
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36860	External cannula declotting (separate procedure); without balloon catheter
36861	External cannula declotting (separate procedure); with balloon catheter
37140	Venous anastomosis, open; portocaval
37145	Venous anastomosis, open; renoportal
37160	Venous anastomosis, open; caval-mesenteric
37180	Venous anastomosis, open; splenorenal, proximal
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)
37799	Unlisted procedure, vascular surgery
38100	Splenectomy; total (separate procedure)
38101	Splenectomy; partial (separate procedure)
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy
38120	Laparoscopy, surgical, splenectomy
38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
39010	Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic

AVAILABLE CPT CODES For Pediatric Surgery

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	approach, including either transthoracic or median sternotomy
39200	Excision of mediastinal cyst
39220	Excision of mediastinal tumor
39501	Repair, laceration of diaphragm, any approach
39502	Repair, paraesophageal hiatus hernia, transabdominal, with or without fundoplasty, vagotomy, and/or pyloroplasty, except neonatal
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia
39520	Repair, diaphragmatic hernia (esophageal hiatal); transthoracic
39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal
39531	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal, with dilation of stricture (with or without gastroplasty)
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic
39545	Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic
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
42200	Palatoplasty for cleft palate, soft and/or hard palate only
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42215	Palatoplasty for cleft palate; major revision
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
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
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

AVAILABLE CPT CODES For Pediatric Surgery

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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
43200	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
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
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)
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
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)
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
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)
43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
43289	Unlisted laparoscopy procedure, esophagus
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

AVAILABLE CPT CODES For Pediatric Surgery

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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
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
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)
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
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)
43605	Biopsy of stomach; by laparotomy
43610	Excision, local; ulcer or benign tumor of stomach
43611	Excision, local; malignant tumor of stomach
43621	Gastrectomy, total; with Roux-en-Y reconstruction
43631	Gastrectomy, partial, distal; with gastroduodenostomy
43632	Gastrectomy, partial, distal; with gastrojejunostomy
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction
43634	Gastrectomy, partial, distal; with formation of intestinal pouch
43635	Vagotomy when performed with partial distal gastrectomy (List separately in addition to code(s) for primary procedure)
43638	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy;
43639	Gastrectomy, partial, proximal, thoracic or abdominal approach including esophagogastrostomy, with vagotomy; with pyloroplasty or pyloromyotomy

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective
43750	Percutaneous placement of gastrostomy tube
43800	Pyloroplasty
43810	Gastroduodenostomy
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43831	Gastrostomy, open; neonatal, for feeding
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy
44055	Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)
44110	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy
44111	Excision of one or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies
44120	Enterectomy, resection of small intestine; single resection and anastomosis
44121	Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)
44125	Enterectomy, resection of small intestine; with enterostomy
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)
44140	Colectomy, partial; with anastomosis
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
44152	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, with or without loop ileostomy
44153	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy
44310	Ileostomy or jejunostomy, non-tube (separate procedure)
44316	Continent ileostomy (Kock procedure) (separate procedure)
44320	Colostomy or skin level cecostomy; (separate procedure)
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	Colonoscopy through stoma; with biopsy, single or multiple
44390	Colonoscopy through stoma; with removal of foreign body
44391	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
44620	Closure of enterostomy, large or small intestine;
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct
44820	Excision of lesion of mesentery (separate procedure)
44950	Appendectomy;
44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis
44970	Laparoscopy, surgical, appendectomy
45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45303	Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)
45305	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	Proctosigmoidoscopy, rigid; with decompression of volvulus
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	Sigmoidoscopy, flexible; with removal of foreign body
45333	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	Sigmoidoscopy, flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45337	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45383	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches
46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps
47000	Biopsy of liver, needle; percutaneous
47100	Biopsy of liver, wedge
47120	Hepatectomy, resection of liver; partial lobectomy
47122	Hepatectomy, resection of liver; trisegmentectomy
47125	Hepatectomy, resection of liver; total left lobectomy
47130	Hepatectomy, resection of liver; total right lobectomy
47133	Donor hepatectomy (including cold preservation), from cadaver donor
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
47300	Marsupialization of cyst or abscess of liver
47350	Management of liver hemorrhage; simple suture of liver wound or injury
47360	Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation
47361	Management of liver hemorrhage; exploration of hepatic wound, extensive debridement,

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
	coagulation and/or suture, with or without packing of liver
47362	Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing
47562	Laparoscopy, surgical; cholecystectomy
47563	Laparoscopy, surgical; cholecystectomy with cholangiography
47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47600	Cholecystectomy;
47605	Cholecystectomy; with cholangiography
47610	Cholecystectomy with exploration of common duct;
47612	Cholecystectomy with exploration of common duct; with choledochoenterostomy
47620	Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
47701	Portoenterostomy (eg, Kasai procedure)
47715	Excision of choledochal cyst
47716	Anastomosis, choledochal cyst, without excision
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract
48000	Placement of drains, peripancreatic, for acute pancreatitis;
48005	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis
48120	Excision of lesion of pancreas (eg, cyst, adenoma)
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy
48155	Pancreatectomy, total
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
48180	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
48500	Marsupialization of pancreatic cyst
48510	External drainage, pseudocyst of pancreas; open
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y
48545	Pancreatorrhaphy for injury
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)
49002	Reopening of recent laparotomy
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)
49200	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas;
49201	Excision or destruction, open, intra-abdominal or retroperitoneal tumors or cysts or endometriomas; extensive
49215	Excision of presacral or sacrococcygeal tumor
49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49495	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	Repair initial inguinal hernia, age 5 years or over; reducible
49507	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated
49520	Repair recurrent inguinal hernia, any age; reducible
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	Repair inguinal hernia, sliding, any age
49540	Repair lumbar hernia
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)
49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49580	Repair umbilical hernia, under age 5 years; reducible
49582	Repair umbilical hernia, under age 5 years; incarcerated or strangulated
49585	Repair umbilical hernia, age 5 years or over; reducible
49587	Repair umbilical hernia, age 5 years or over; incarcerated or strangulated
49600	Repair of small omphalocele, with primary closure
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room
49610	Repair of omphalocele (Gross type operation); first stage
49611	Repair of omphalocele (Gross type operation); second stage
50040	Nephrostomy, nephrotomy with drainage
50060	Nephrolithotomy; removal of calculus
50065	Nephrolithotomy; secondary surgical operation for calculus
50070	Nephrolithotomy; complicated by congenital kidney abnormality
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)
50120	Pyelotomy; with exploration
50125	Pyelotomy; with drainage, pyelostomy
50135	Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)
50205	Renal biopsy; by surgical exposure of kidney
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection;
50225	Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy
50234	Nephrectomy with total ureterectomy and bladder cuff; through same incision
50240	Nephrectomy, partial
50280	Excision or unroofing of cyst(s) of kidney
50290	Excision of perinephric cyst
50340	Recipient nephrectomy (separate procedure)

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy
50400	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
50405	Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calyccoplasty)
50561	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50580	Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50610	Ureterolithotomy; upper one-third of ureter
50620	Ureterolithotomy; middle one-third of ureter
50630	Ureterolithotomy; lower one-third of ureter
50760	Ureteroureterostomy
50780	Ureteroneocystostomy; anastomosis of single ureter to bladder
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783	Ureteroneocystostomy; with extensive ureteral tailoring
50785	Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800	Ureteroenterostomy, direct anastomosis of ureter to intestine
50810	Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815	Ureterocolon conduit, including intestine anastomosis
50820	Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)
50825	Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830	Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)
50845	Cutaneous appendico-vesicostomy
50961	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50980	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51500	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51550	Cystectomy, partial; simple

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
51555	Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)
51565	Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)
51570	Cystectomy, complete; (separate procedure)
51575	Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51580	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;
51585	Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51590	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;
51595	Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes
51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
51940	Closure, exstrophy of bladder
52000	Cystourethroscopy (separate procedure)
52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
52315	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
54150	Circumcision, using clamp or other device; newborn
54152	Circumcision, using clamp or other device; except newborn
54160	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
	or without transplantation of prepuce and/or skin flaps
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepucial flap)
54326	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54332	One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54336	One stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
54340	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts
54380	Plastic operation on penis for epispadias distal to external sphincter;
54385	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54390	Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
54512	Excision of extraparenchymal lesion of testis
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54530	Orchiectomy, radical, for tumor; inguinal approach
54535	Orchiectomy, radical, for tumor; with abdominal exploration
54550	Exploration for undescended testis (inguinal or scrotal area)
54560	Exploration for undescended testis with abdominal exploration

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	Fixation of contralateral testis (separate procedure)
54640	Orchiopexy, inguinal approach, with or without hernia repair
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)
55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55859	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
56800	Plastic repair of introitus
56805	Clitoroplasty for intersex state
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57335	Vaginoplasty for intersex state
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof
58260	Vaginal hysterectomy, for uterus 250 grams or less;
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele
58285	Vaginal hysterectomy, radical (Schauta type operation)
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)
58940	Oophorectomy, partial or total, unilateral or bilateral;
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy
58950	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;
58951	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
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;

AVAILABLE CPT CODES For Pediatric Surgery

CPT Code	Description
60281	Excision of thyroglossal duct cyst or sinus; recurrent
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
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
99199	Unlisted special service, procedure or report