



No Authorization  
required List of  
Surgical CPT codes  
and description

January 1

2016

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Please note: All Medicare members must have a referral issued by their PCP to see a Specialist; Out of Network providers please verify Member benefits prior to service 1-800-452-8633

Effective  
January 1,  
2016

2016 Surgical No Authorization Required List of CPT Codes with Description

Code	Description	Note
10021	Fine Needle aspiration; without imaging guidance	
10022	Fine needle aspiration; with imaging guidance	
10030	Image-guided fluid collection drainage by catheter	
10060	Incision and drainage of abscess ; simple or single	
10061	Incision and drainage of pilonidal cyst; simple	
10080	incision and drainage of pilonidal cyst; complicated	
10081	Incision and drainage of hematoma, seroma or fluid collection	
10140	Incision and drainage of hematoma, seroma or fluid collection	
10160	Puncture aspiration of abscess, hematoma, bulla or cyst	
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane; single lesion	
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane each separate/additional lesion	
11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	
11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	
11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
11770	Excision of pilonidal cyst or sinus; simple	
11771	Excision of pilonidal cyst or sinus; extensive	
11772	Excision of pilonidal cyst or sinus; complicated	
11971	Removal of tissue expander(s) without insertion of prosthesis	
13120	Repair, complex, scalp, arms, and/or legs; 1.1cm-2.5cm	
13121	Repair, complex, scalp, arms, and/or legs; 2.6-7.5cm	
19000	Puncture aspiration of cyst of breast	
19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	
19020	Mastectomy with exploration or drainage of abscess; deep	
19030	Injection procedure only for mammary ductogram or galactogram	
19081	Biopsy, breast, with placement of breast localization device(s) when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	
19082	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous;	
19083	Biopsy, breast, with placement of breast localization device(s) (e.g., clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous;	
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance	

\* These codes require prior authorization thru NIA's Radiation Oncology Management Program when associated with Breast Cancer Treatment.

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CPT Code	Description	Note
19085	Biopsy, breast, with placement of breast localization device(s)	
19086	Biopsy, breast, with placement of breast localization device	
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	
19101	Biopsy of breast, open, incisional	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	
19281	Placement of breast localization device(s) (e.g., clip, metallic pellet, wire/needle, radioactive seeds), percutaneous	
19282	Placement of breast localization device(s), percutaneous	
19283	Placement of breast localization device(s), percutaneous	
19284	Placement of breast localization device(s) percutaneous; each additional lesion, including stereotactic guidance	
19285	Placement of breast localization device(s) percutaneous; first lesion, including ultrasound guidance	
19286	Placement of breast localization device(s) percutaneous	
19287	Placement of breast localization device(s) percutaneous	
19288	Placement of breast localization device(s) percutaneous	
19296	Placement of radiotherapy after loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	*
19297	Placement of radiotherapy after loading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure)	*
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	*

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19301	Mastectomy, partial (e.g., lumpectomy, tylectomy, quadrantectomy, segmentectomy)	
19302	Mastectomy partial (e.g., lumpectomy, tylectomy, quadrantectomy, with axillary lymphadenectomy)	
19303	Mastectomy, simple, complete	
20206	Biopsy, muscle, percutaneous needle	
20225	Biopsy, bone, trocar, or needle; deep (e.g., vertebral body, femur)	
20240	Biopsy, bone, open; superficial (e.g., ilium, sternum, spinous process, ribs, trochanter of femur)	
20245	Biopsy, bone, open; deep (e.g., humerus, ischium, femur)	
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	
20600	Arthrocentesis, aspiration and/or injection; small joint or bursa (e.g., fingers, toes)	
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa	
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (e.g., temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa)	
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa	
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)	
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa	
20612	Aspiration and/or injection of ganglion cyst(s) any location	
20615	Aspiration and injection for treatment of bone cyst	
20680	Removal of implant; deep (e.g., buried wire, pin, screw, metal band, nail, rod or plate)	
21501	Incision and drainage, deep abscess or hematoma, soft tissue of neck or thorax	
21550	Biopsy, soft tissue of neck or thorax	
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	
21920	Biopsy, soft tissue of back or flank; superficial	
21925	Biopsy, soft tissue of back or flank; deep	
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	
23030	Incision and drainage, shoulder area; deep abscess or hematoma	
23031	Incision and drainage, shoulder area; infected bursa	
23065	Biopsy, soft tissue of shoulder area; superficial	
23066	Biopsy, soft tissue of shoulder area; deep	
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Effective 08/15/2016
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	
23076	Excision, tumor, soft tissue of shoulder area, subfascial less than 5 cm	
23330	Removal of foreign body, shoulder; subcutaneous	
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	
23930	Incision and drainage , upper arm or elbow area; deep abscess or hematoma	
23931	Incision and drainage, upper arm or elbow area; bursa	

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24065	Biopsy, soft tissue of upper arm or elbow; superficial	
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial less than 5 cm	
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	
25065	Biopsy, soft tissue of forearm and/or wrist; superficial	
25066	Biopsy, soft tissue forearm and/or wrist; deep (subfascial or intramuscular)	
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial less than 3 cm	
27040	Biopsy, soft tissue of pelvis and hip area; superficial	
27323	Biopsy, soft tissue thigh or knee; superficial	
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	
27613	Biopsy, soft tissue of leg or ankle; superficial	
27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	
28290	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy	
28292	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure	
29075	Application, cast; elbow to finger (short arm)	
29705	Removal or bivalving; full arm or full leg cast	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty)	
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)	**
29868	Arthroscopy, knee, surgical; meniscal transplantation, medial or lateral	**
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy	
29871	Arthroscopy, knee, surgical; for infection, lavage, and drainage	
29873	Arthroscopy, knee, surgical; with lateral release	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)	
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (e.g., medial or lateral)	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	
29880	Arthroscopy, knee, surgical; with meniscectomy	

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29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	
30000	Drainage abscess or hematoma, nasal, internal approach	
30020	Drainage abscess or hematoma, nasal septum	
30100	Biopsy , intranasal	
30110	Excision, nasal polyp(s), simple	
30115	Excision, nasal polyp(s), extensive	
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	
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	
31535	Laryngoscopy, direct, operative, with biopsy	
31571	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	
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	
31615	Tracheobronchoscopy through established tracheostomy incision	
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	
31623	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings	

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31624	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage	
31625	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites	
31628	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe	
31629	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial samp	
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial samp	
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic	
32400	Biopsy, pleura; percutaneous needle	
32405	Biopsy, lung or mediastinum, percutaneous needle	
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	
33212	Insertion of pacemaker pulse generator only; with existing single lead	
33213	Insertion of pacemaker pulse generator only; with existing dual leads	
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator)	
33233	Removal of permanent pacemaker pulse generator	
36430	Transfusion, blood or blood components	
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 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; younger than 5 years of age	

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36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	
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	
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	
38220	Bone marrow; aspiration only	
38221	Bone marrow; biopsy, needle or trocar	
38300	Drainage of lymph node abscess or lymphadenitis; simple	
38500	Biopsy or excision of lymph node(s); open, superficial	
38505	Biopsy or excision of lymph node(s); by needle, superficial (e.g., 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)	
38740	Axillary lymphadenectomy; superficial	
38745	Axillary lymphadenectomy; complete	
38792	Injection procedure; radioactive tracer for identification of sentinel node	
38900	Intraoperative identification of sentinel lymph node(s)	
40490	Biopsy of lip	
41100	Biopsy of tongue; anterior 2/3	
41105	Biopsy of tongue; posterior 1/3	
41108	Biopsy of floor of mouth	
41110	Excision of lesion of tongue without closure	
42000	Drainage of abscess of palate, uvula	
42100	Biopsy of palate, uvula	
42400	Biopsy of salivary gland; needle	
42405	Biopsy of salivary gland; incisional	
42700	Incision and drainage abscess; peitonsillar	
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	
42820	Tonsillectomy and adenoidectomy; younger than age 12	

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42821	Tonsillectomy and adenoidectomy; age 12 or over	
42825	Tonsillectomy, primary or secondary; younger than age 12	
42826	Tonsillectomy, primary or secondary, age 12 or over	
42830	Adenoidectomy, primary; younger than age 12	
42831	Adenoidectomy, primary; age 12 or over	
42836	Adenoidectomy, secondary; age 12 or over	
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx	
43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	
43193	Esophagoscopy, rigid, transoral; with biopsy, single or multiple	
43194	Esophagoscopy, rigid, transoral; with removal of foreign body	
43195	Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	
43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	
43197	Esophagoscopy, flexible, transnasal; diagnostic, includes collection of specimen(s) by brushing or washing when performed (separate procedure)	
43198	Esophagoscopy, flexible, transnasal; with biopsy, single or multiple	
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	
43204	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices	
43205	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices	
43211	Esophagoscopy, flexible, transoral; with endoscopic mucosal resection	
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	
43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	
43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	
43215	Esophagoscopy, rigid or flexible; with removal of foreign body	
43216	Esophagoscopy, rigid or flexible; with removal of tumor(s), poly(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	
	Left blank intentionally	
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	

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43227	Esophagoscopy, rigid or flexible; with control of bleeding	
	Left blank intentionally	
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), (s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	
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)	
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (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	
43237	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination limited to the esophagus	
43238	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), esophagus ultrasound examination limited to the esophagus)	
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	

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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 (e.g., 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	
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	
43255	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding	
	Left blank intentionally	
43259	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination,	

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43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
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	
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s)	
43274	Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	
43275	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	
43276	Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage.	
43277	Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty)	
43278	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s).	
43450	Dilation of esophagus, by unguided sound or bougie, single or multiple passes	
43453	Dilation of esophagus, over guide wire	
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	
44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s)	
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	
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\*\*\* Auth required for Medicare through NCH for certain specialties

2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)	
44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	
44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s)	
44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple	
44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)	
44380	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
44381	Ileoscopy, through stoma; with transendoscopic balloon dilation	
44382	Ileoscopy, through stoma; with biopsy, single or multiple	
44384	Ileoscopy, through stoma; with placement of endoscopic stent	
44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple	
44388	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
	Left blank intentionally	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
44389	Colonoscopy through stoma; with biopsy, single or multiple	
44390	Colonoscopy through stoma; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
44391	Colonoscopy through stoma; with control of bleeding (e.g., 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	
44394	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s)	
44401	Colonoscopy through stoma; with ablation of tumor(s), polyp(s)	
44402	Colonoscopy through stoma; with endoscopic stent placement	
44403	Colonoscopy through stoma; with endoscopic mucosal resection	
44404	Colonoscopy through stoma; with directed submucosal injection(s)	
44405	Colonoscopy through stoma; with transendoscopic balloon dilation	
44406	Colonoscopy through stoma; with endoscopic ultrasound examination	
44407	Colonoscopy through stoma; with transendoscopic ultrasound guided	
44408	Colonoscopy through stoma; with decompression	
45100	Biopsy of anorectal wall, anal approach (e.g., congenital megacolon)	
45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
45303	Proctosigmoidoscopy, rigid; with dilation (e.g., 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 (e.g., 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.	
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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
45327	Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)	
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 (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
45335	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
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	
45340	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures	
45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	
45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	
45346	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other	
45347	Sigmoidoscopy, flexible; with placement of endoscopic stent (includes	
45349	Sigmoidoscopy, flexible; with endoscopic mucosal resection	
45350	Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	
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	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45381	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance	
45382	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding	
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	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
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	
45386	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures	
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45388	Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other	
45389	Colonoscopy, flexible; with endoscopic stent placement (includes pre-	
45390	Colonoscopy, flexible; with endoscopic mucosal resection	
45391	Colonoscopy, flexible, proximal to splenic flexure; with endoscopic ultrasound examination	
45392	Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) aspiration/biopsy	
45393	Colonoscopy, flexible; with decompression (for pathologic distention)	
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	
46020	Placement of seton	
46030	Removal of anal seton, other marker	
46040	Incision of drainage of ischiorectal and/or perirectal abscess (separate procedure)	
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	
46050	Incision and drainage of perianal abscess, superficial	
46060	Incision of drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular with or without placement of seton	
46070	Incision and septum (infant)	
46080	Sphincterectomy, anal division of sphincter (separate procedure)	
46083	Incision of thrombosed hemorrhoid, external	
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	
46230	Excision of multiple external papillae or tags, anus	
46250	Hemorrhoidectomy, external, 2 or more columns/groups	
46255	Hemorrhoidectomy, internal and external single columns/groups	
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
46320	Excision of thrombosed hemorrhoid, external	
46600	Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing	
46601	Anoscopy; diagnostic, with high-resolution magnification (hra) (eg,	
46604	Anoscopy; with dilation (e.g., balloon, guide wire, bougie)	
46606	Anoscopy; with biopsy, single or multiple	
46607	Anoscopy; with high-resolution magnification (hra) (eg, colposcope,	
46608	Anoscopy; with removal of foreign body	
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	
46614	Anoscopy; with control of bleeding (e.g., injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
46900	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	
46910	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	
46916	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	
46917	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	
46922	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	
46924	Destruction of lesion(s), anus (e.g., condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery)	
46930	Destruction of internal hemorrhoid(s) by thermal energy (e.g., infrared coagulation, cautery, radiofrequency)	
46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group	
46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups	
47000	Biopsy of liver, needle; percutaneous	
47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance	
49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance	
49084	Peritoneal lavage, including imaging guidance, when performed	
49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle	
49405	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); visceral (e.g., kidney, liver, spleen, lung/mediastinum), percutaneous	
49406	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous	
49407	Image-guided fluid collection drainage by catheter (e.g., abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal	
49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)	
49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	
49505	Repair initial inguinal hernia, age 5 years or older; reducible	
49507	Repair initial inguinal hernia, age 5 years or older; 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	
49550	Repair initial femoral hernia, any age; reducible	
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	
49555	Repair recurrent femoral hernia; reducible	
49565	Repair recurrent incisional or ventral hernia; reducible	
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	
49570	Repair epigastric hernia (e.g., preperitoneal fat); reducible (separate procedure)	
49585	Repair umbilical hernia, age 5 years or older; reducible	
49650	Laparoscopy, surgical; repair initial inguinal hernia	
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
50590	Lithotripsy, extracorporeal shock wave	
51600	Injection procedure for cystography or voiding urethrocytography	
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	
51610	Injection procedure for retrograde urethrocytography	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
51700	Bladder irrigation, simple, lavage and/or instillation	
51725	Simple cystometrogram (CMG) (e.g., spinal manometer)	
51726	Complex cystometrogram (i.e., calibrated electronic equipment);	
51728	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure), any technique	
51729	Complex cystometrogram (i.e., calibrated electronic equipment); with voiding pressure studies (i.e., bladder voiding pressure) and urethral pressure profile studies (i.e., urethral closure pressure profile), any technique	
51736	Simple uroflowmetry (UFR) (e.g., stop-watch flow rate, mechanical uroflowmeter)	
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	
51792	Stimulus evoked response (e.g., measurement of bulbocavernosus reflex latency time)	
51797	Voiding pressure studies, intra-abdominal (i.e., rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non- imaging	
52000	Cystourethroscopy (separate procedure)	
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	
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	
52010	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service	
52204	Cystourethroscopy, with biopsy(s)	
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
52332	Cystourethroscopy, with insertion of indwelling ureteral stent (e.g., Gibbons or double-J type)	
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	
52356	Cystourethroscopy, with ureteroscopy and/or pyeloscopy	
53200	Biopsy of urethra	
53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	
53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	
54100	Biopsy of penis; (separate procedure)	
54105	Biopsy of penis; deep structures	
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	
54450	Foreskin manipulation including lysis of preputial adhesions and stretching	
54500	Biopsy of testis, needle (separate procedure)	
54505	Biopsy of testis, incisional (separate procedure)	
54800	Biopsy of epididymis, needle	
54830	Excision of local lesion of epididymis	
54865	Exploration of epididymis, with or without biopsy	
55100	Drainage of scrotal wall abscess	
55110	Scrotal exploration	
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	
55705	Biopsy, prostate; incisional, any approach	
56405	Incision and drainage of vulva or perineal abscess	
56420	Incision and drainage of Bartholin's gland abscess	
56440	Marsupialization of Bartholin's gland cyst	
56441	Lysis of labial adhesions	
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	
56740	Excision of Bartholin's gland or cyst	
56820	Colposcopy of vulva	

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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
56821	Colposcopy of vulva; with biopsy(s)	
57452	Colposcopy of cervix including upper/adjacent vagina	
57454	Colposcopy of cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	
57505	Endocervical curettage (not done as part of a dilation and curettage)	
57510	Cautery of cervix, electro or thermal	
57511	Cautery of cervix, cryocautery, initial or repeat	
57513	Cautery of the cervix, laser ablation	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	
58120	Dilation and curettage, diagnostic and/or therapeutic (non-obstetrical)	
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	
58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach	
58820	Drainage of ovarian abscess; vaginal approach, open	
59000	Aminocentesis, diagnostic	
59025	Fetal non-stress test	
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	
59812	Treatment of incomplete abortion, any trimester, completed surgically	
59820	Treatment of missed abortion, completed surgically; first trimester	
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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
59821	Treatment of missed abortion, completed surgically; second trimester	
60000	Incision and drainage of thyroglossal duct cyst, infected	
60100	Biopsy thyroid, percutaneous core needle	
60300	Aspiration and/or injection, thyroid cyst	
62270	Spinal puncture, lumbar, diagnostic	
62284	Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)	
65420	Excision or transposition of pterygium; without graft	
65426	Excision or transposition of pterygium; with graft	
66762	Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)	
67036	Vitrectomy, mechanical, pars plana approach	
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	
67040	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation	
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (e.g., macular pucker)	
67042	Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (e.g., for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil)	
67043	Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (e.g., choroidal neovascularization), includes, if performed, intraocular tamponade (i.e., air, gas or silicone oil) and laser photocoagulation	
67101	Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid	
67105	Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal fluid	
67107	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid	
67108	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique	
67110	Repair of retinal detachment; by injection of air or other gas (e.g., pneumatic retinopexy)	
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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
67113	Repair of complex retinal detachment (e.g., proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling.	
67115	Release of encircling material (posterior segment)	
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	
67225	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	
67227	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy	
67228	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation	
67229	Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (e.g., retinopathy of prematurity), photocoagulation or cryotherapy	
68761	Closure of the lacrimal punctum; by plug, each	
69209	Removal impacted cerumen using irrigation/lavage, unilateral	
69210	Removal impacted cerumen (separate procedure), 1 or both ears	
69420	Myringotomy including aspiration and or eustachian tube inflation	
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	
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 (e.g., postfenestration)	
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	
69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	
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\* These codes require prior authorization thru NIA's Radiation Oncology Management Program when associated with Breast Cancer Treatment.

\*\* Code is Not Payable if Performed in an Ambulatory Surgery Center (ASC).

\*\*\* Auth required for Medicare through NCH for certain specialties

2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
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 (e.g., postfenestration)	
69633	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (e.g., partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP])	
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	
76942	Ultrasonic guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), imaging supervision and interpretation	
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	
77011	Computed tomography guidance for stereotactic localization	
77012	Computed tomography guidance for needle placement (e.g., biopsy, aspiration, injection, localization device), radiological supervision and interpretation	
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	
77021	Magnetic resonance guidance for needle placement (e.g., for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with physician interpretation and report	
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	***
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	
C1726	Catheter, balloon dilatation, nonvascular	
C5271	Application of low cost skin Substitute graft to Trunk, Arms, Legs	
C5272	Application of low cost skin substitute graft to trunk, arms, legs	
C5273	Application of low cost skin substitute graft to trunk, arms, legs	
C5274	Application of low cost skin substitute graft to trunk, arms, legs	
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits	
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2016 Surgical No Authorization Required List of CPT Codes with Description

CPT Code	Description	Note
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits,	
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits,	
G0104	Colorectal cancer screening; flexible sigmoidoscopy	
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD)	
G0364	Bone Marrow Aspiration Performed with Bone Marrow Biopsy through the same incision on the same date of service	

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\*\*\* Auth required for Medicare through NCH for certain specialties