# CHAPTER 9
# ADDENDUM A

## TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES ON OR BEFORE 10/31/2003

The following CPT codes, TRICARE payment groups, and short descriptions are valid for claims on or before October 31, 2003. See Chapter 9, Addendum B for claims occurring on or after November 1, 2003.

### INTEGUMENTARY SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **SKIN, SUBCUTANEOUS AND AREOLAR TISSUES** |
| **CPT SUBSECTION: INCISION** | | |
| 10121[19] | 4 | REMOVE FOREIGN BODY |
| 10180 | 4 | COMPLEX DRAINAGE, WOUND |
| **CPT SUBSECTION: EXCISION DEBRIDEMENT** | | |
| 11010[19] | 4 | DEBRIDE SKIN, FX |
| 11011[19] | 4 | DEBRIDE SKIN/MUSCLE, FX |
| 11012[19] | 4 | DEBRIDE SKIN/MUSCLE/BONE, FX |
| 11042 | 1 | DEBRIDE SKIN/TISSUE |
| 11043 | 4 | DEBRIDE TISSUE/MUSCLE |
| 11044 | 4 | DEBRIDE TISSUE/MUSCLE/BONE |
| **CPT SUBSECTION: EXCISION-BENIGN LESIONS** | | |
| 11404 | 3 | REMOVAL OF SKIN LESION |
| 11406 | 3 | REMOVAL OF SKIN LESION |
| 11424 | 4 | REMOVAL OF SKIN LESION |
| 11426 | 4 | REMOVAL OF SKIN LESION |
| 11444 | 2 | REMOVAL OF SKIN LESION |
| 11446 | 4 | REMOVAL OF SKIN LESION |
| 11450 | 4 | REMOVAL, SWEAT GLAND LESION |
| 11451 | 4 | REMOVAL, SWEAT GLAND LESION |
| 11462 | 4 | REMOVAL, SWEAT GLAND LESION |
| 11463 | 4 | REMOVAL, SWEAT GLAND LESION |
| 11470 | 4 | REMOVAL, SWEAT GLAND LESION |
| 11471 | 4 | REMOVAL, SWEAT GLAND LESION |
| **CPT SUBSECTION: EXCISION-MALIGNANT LESIONS** | | |
| 11604 | 4 | REMOVAL OF SKIN LESION |
| 11606 | 4 | REMOVAL OF SKIN LESION |
| 11624 | 4 | REMOVAL OF SKIN LESION |
| 11626 | 4 | REMOVAL OF SKIN LESION |
| 11644 | 4 | REMOVAL OF SKIN LESION |
| 11646 | 4 | REMOVAL OF SKIN LESION |

* The number following the procedure code is the TRICARE payment group.

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## INTEGUMENTARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: MISCELLANEOUS** | | |
| 11770 | 5 | REMOVAL OF PILONIDAL LESION |
| 11771 | 6 | REMOVAL OF PILONIDAL LESION |
| 11772 | 5 | REMOVAL OF PILONIDAL LESION |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 11960 | 4 | INSERT TISSUE EXPANDER(S) |
| 11970 | 5 | REPLACE TISSUE EXPANDER |
| 11971 | 2 | REMOVE TISSUE EXPANDER(S) |
| **CPT SUBSECTION: REPAIR-SIMPLE** | | |
| 12005 | 1 | REPAIR SUPERFICIAL WOUND(S) |
| 12006 | 4 | REPAIR SUPERFICIAL WOUND(S) |
| 12007 | 4 | REPAIR SUPERFICIAL WOUND(S) |
| 12016 | 4 | REPAIR SUPERFICIAL WOUND(S) |
| 12017 | 4 | REPAIR SUPERFICIAL WOUND(S) |
| 12018 | 4 | REPAIR SUPERFICIAL WOUND(S) |
| 12020 | 2 | CLOSURE OF SPLIT WOUND |
| 12021 | 2 | CLOSURE OF SPLIT WOUND |
| **CPT SUBSECTION: REPAIR-INTERMEDIATE** | | |
| 12034 | 1 | LAYER CLOSURE OF WOUND(S) |
| 12035 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12036 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12037 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12044 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12045 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12046 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12047 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12054 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12055 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12056 | 4 | LAYER CLOSURE OF WOUND(S) |
| 12057 | 4 | LAYER CLOSURE OF WOUND(S) |
| **CPT SUBSECTION: REPAIR-COMPLEX** | | |
| 13100 | 4 | REPAIR OF WOUND OR LESION |
| 13101 | 5 | REPAIR OF WOUND OR LESION |
| 13102[13] | 3 | REPAIR WOUND/LESION ADD-ON |
| 13120 | 4 | REPAIR OF WOUND OR LESION |
| 13121 | 1 | REPAIR OF WOUND OR LESION |
| 13122[13] | 3 | REPAIR WOUND/LESION ADD-ON |
| 13131 | 1 | REPAIR OF WOUND OR LESION |
| 13132 | 2 | REPAIR OF WOUND OR LESION |
| 13133[13] | 3 | REPAIR WOUND/LESION ADD-ON |
| 13150 | 5 | REPAIR OF WOUND OR LESION |
| 13151 | 1 | REPAIR OF WOUND OR LESION |
| 13152 | 2 | REPAIR OF WOUND OR LESION |
| 13153[13] | 3 | REPAIR WOUND/LESION ADD-ON |
| 13160 | 4 | LATE CLOSURE OF WOUND |

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## INTEGUMENTARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 13300[12] | 3 | REPAIR OF WOUND OR LESION |
| **CPT SUBSECTION: ADJACENT TISSUE TRANSFER OR REARRANGEMENT** | | |
| 14000 | 4 | SKIN TISSUE REARRANGEMENT |
| 14001 | 5 | SKIN TISSUE REARRANGEMENT |
| 14020 | 5 | SKIN TISSUE REARRANGEMENT |
| 14021 | 5 | SKIN TISSUE REARRANGEMENT |
| 14040 | 3 | SKIN TISSUE REARRANGEMENT |
| 14041 | 5 | SKIN TISSUE REARRANGEMENT |
| 14060 | 5 | SKIN TISSUE REARRANGEMENT |
| 14061 | 5 | SKIN TISSUE REARRANGEMENT |
| 14300 | 6 | SKIN TISSUE REARRANGEMENT |
| 14350 | 5 | SKIN TISSUE REARRANGEMENT |
| **CPT SUBSECTION: FREE SKIN GRAFTS** | | |
| 15000 | 4 | SKIN GRAFT |
| 15050 | 4 | SKIN PINCH GRAFT |
| 15100 | 4 | SKIN SPLIT GRAFT |
| 15101 | 5 | SKIN SPLIT GRAFT ADD-ON |
| 15120 | 4 | SKIN SPLIT GRAFT |
| 15121 | 5 | SKIN SPLIT GRAFT ADD-ON |
| 15200 | 5 | SKIN FULL GRAFT |
| 15201 | 4 | SKIN FULL GRAFT ADD-ON |
| 15220 | 4 | SKIN FULL GRAFT |
| 15221 | 4 | SKIN FULL GRAFT ADD-ON |
| 15240 | 5 | SKIN FULL GRAFT |
| 15241 | 5 | SKIN FULL GRAFT ADD-ON |
| 15260 | 5 | SKIN FULL GRAFT |
| 15261 | 4 | SKIN FULL GRAFT ADD-ON |
| 15350 | 4 | SKIN HOMOGRAFT |
| 15351[19] | 4 | SKIN HOMOGRAFT ADD-ON |
| 15400 | 4 | SKIN HETEROGRAFT |
| 15401[19] | 4 | SKIN HETEROGRAFT ADD-ON |
| 15570 | 5 | FORM SKIN PEDICLE FLAP |
| 15572 | 5 | FORM SKIN PEDICLE FLAP |
| 15574 | 5 | FORM SKIN PEDICLE FLAP |
| 15576 | 5 | FORM SKIN PEDICLE FLAP |
| 15580[12] | 5 | ATTACH SKIN PEDICLE GRAFT |
| 15600 | 5 | SKIN GRAFT |
| 15610 | 5 | SKIN GRAFT |
| 15620 | 6 | SKIN GRAFT |
| **CPT SUBSECTION: PEDICLE FLAPS (SKIN AND DEEP TISSUES)** | | |
| 15625[12] | 5 | SKIN GRAFT PROCEDURE |
| 15630 | 5 | SKIN GRAFT |
| 15650 | 7 | TRANSFER SKIN PEDICLE FLAP |
| **CPT SUBSECTION: FLAPS (SKIN AND/OR DEEP TISSUES)** | | |
| 15732 | 5 | MUSCLE-SKIN GRAFT, HEAD/NECK |

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## INTEGUMENTARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 15734 | 5 | MUSCLE-SKIN GRAFT, TRUNK |
| 15736 | 5 | MUSCLE-SKIN GRAFT, ARM |
| 15738 | 5 | MUSCLE-SKIN GRAFT, LEG |
| **CPT SUBSECTION: OTHER GRAFTS** | | |
| 15740 | 4 | ISLAND PEDICLE FLAP GRAFT |
| 15750 | 4 | NEUROVASCULAR PEDICLE GRAFT |
| 15755[10] | 5 | FLAP; FREE FLAP (MICROVASCULAR TRANSFER) |
| 15756[9, 20] | 5 | FREE MUSCLE FLAP, MICROVASC |
| 15757[9, 20] | 5 | FREE SKIN FLAP, MICROVASC |
| 15758[9, 20] | 5 | FREE FASCIAL FLAP, MICROVASC |
| 15760 | 4 | COMPOSITE SKIN GRAFT |
| 15770 | 5 | DERMA-FAT-FASCIA GRAFT |
| 15775[19] | 5 | HAIR TRANSPLANT PUNCH GRAFTS |
| 15776[19] | 5 | HAIR TRANSPLANT PUNCH GRAFTS |
| **CPT SUBSECTION: MISCELLANEOUS PROCEDURES** | | |
| 15820[19] | 5 | REVISION OF LOWER EYELID |
| 15821[19] | 5 | REVISION OF LOWER EYELID |
| 15822[19] | 5 | REVISION OF UPPER EYELID |
| 15823[19] | 7 | REVISION OF UPPER EYELID |
| 15824[19] | 5 | REMOVAL OF FOREHEAD WRINKLES |
| 15825[19] | 5 | REMOVAL OF NECK WRINKLES |
| 15826[19] | 5 | REMOVAL OF BROW WRINKLES |
| 15828[19] | 5 | REMOVAL OF FACE WRINKLES |
| 15829[19] | 7 | REMOVAL OF SKIN WRINKLES |
| 15831[19] | 5 | EXCISE EXCESSIVE SKIN TISSUE |
| 15832[19] | 5 | EXCISE EXCESSIVE SKIN TISSUE |
| 15833[19] | 5 | EXCISE EXCESSIVE SKIN TISSUE |
| 15834[19] | 5 | EXCISE EXCESSIVE SKIN TISSUE |
| 15835[19] | 5 | EXCISE EXCESSIVE SKIN TISSUE |
| 15840 | 6 | GRAFT FOR FACE NERVE PALSY |
| 15841 | 6 | GRAFT FOR FACE NERVE PALSY |
| 15842[20] | 6 | FLAP FOR FACE NERVE PALSY |
| 15845 | 6 | SKIN AND MUSCLE REPAIR, FACE |
| 15876[19] | 5 | SUCTION ASSISTED LIPECTOMY |
| 15877[19] | 5 | SUCTION ASSISTED LIPECTOMY |
| 15878[19] | 5 | SUCTION ASSISTED LIPECTOMY |
| 15879[19] | 5 | SUCTION ASSISTED LIPECTOMY |
| **CPT SUBSECTION: PRESSURE ULCERS (DECUBITUS ULCERS)** | | |
| 15920 | 5 | REMOVAL OF TAIL BONE ULCER |
| 15922 | 6 | REMOVAL OF TAIL BONE ULCER |
| 15931 | 5 | REMOVE SACRUM PRESSURE SORE |
| 15933 | 5 | REMOVE SACRUM PRESSURE SORE |
| 15934 | 5 | REMOVE SACRUM PRESSURE SORE |
| 15935 | 6 | REMOVE SACRUM PRESSURE SORE |
| 15936 | 6 | REMOVE SACRUM PRESSURE SORE |

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## INTEGUMENTARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 15937 | 6 | REMOVE SACRUM PRESSURE SORE |
| 15940 | 5 | REMOVE HIP PRESSURE SORE |
| 15941 | 5 | REMOVE HIP PRESSURE SORE |
| 15944 | 5 | REMOVE HIP PRESSURE SORE |
| 15945 | 6 | REMOVE HIP PRESSURE SORE |
| 15946 | 6 | REMOVE HIP PRESSURE SORE |
| 15950 | 5 | REMOVE THIGH PRESSURE SORE |
| 15951 | 6 | REMOVE THIGH PRESSURE SORE |
| 15952 | 5 | REMOVE THIGH PRESSURE SORE |
| 15953 | 6 | REMOVE THIGH PRESSURE SORE |
| 15956 | 5 | REMOVE THIGH PRESSURE SORE |
| 15958 | 6 | REMOVE THIGH PRESSURE SORE |
| **CPT SUBSECTION: BURNS, LOCAL TREATMENT** | | |
| 16015 | 4 | TREATMENT OF BURN(S) |
| 16030[20] | 2 | TREATMENT OF BURN(S) |
| 16035[20] | 4 | INCISION OF BURN SCAB, INITI |
| **CPT SUBSECTION: DESTRUCTION, BENIGN OR PREMALIGNANT LESIONS** | | |
| 17106[6] | 1 | DESTRUCTION OF SKIN LESIONS |
| 17107[6] | 1 | DESTRUCTION OF SKIN LESIONS |
| 17108[6] | 3 | DESTRUCTION OF SKIN LESIONS |
| **BREAST** | | |
| **CPT SUBSECTION: INCISION** | | |
| 19020 | 4 | INCISION OF BREAST LESION |
| **CPT SUBSECTION: EXCISION** | | |
| 19100 | 3 | BX BREAST PERCUT W/O IMAGE |
| 19101 | 6 | BIOPSY OF BREAST, OPEN |
| 19102[15] | 4 | BX BREAST PERCUT W/IMAGE |
| 19103[15] | 4 | BX BREAST PERCUT W/DEVICE |
| 19110 | 4 | NIPPLE EXPLORATION |
| 19112 | 5 | EXCISE BREAST DUCT FISTULA |
| 19120 | 6 | REMOVAL OF BREAST LESION |
| 19125 | 5 | EXCISION, BREAST LESION |
| 19126 | 5 | EXCISION, ADDL BREAST LESION |
| 19140 | 6 | REMOVAL OF BREAST TISSUE |
| 19160 | 8 | REMOVAL OF BREAST TISSUE |
| 19162 | 9 | REMOVE BREAST TISSUE, NODES |
| 19180 | 6 | REMOVAL OF BREAST |
| 19182 | 6 | REMOVAL OF BREAST |
| 19260[20] | 7 | REMOVAL OF CHEST WALL LESION |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 19290[8] | 3 | PLACE NEEDLE WIRE, BREAST |
| 19291[8] | 3 | PLACE NEEDLE WIRE, BREAST |
| **CPT SUBSECTION: REPAIR AND RECONSTRUCTION** | | |
| 19316[19] | 6 | SUSPENSION OF BREAST |

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## INTEGUMENTARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 19318 | 6 | REDUCTION OF LARGE BREAST |
| 19324[19] | 6 | ENLARGE BREAST |
| 19325[19] | 10 | ENLARGE BREAST WITH IMPLANT |
| 19328 | 2 | REMOVAL OF BREAST IMPLANT |
| 19330 | 2 | REMOVAL OF IMPLANT MATERIAL |
| 19340 | 4 | IMMEDIATE BREAST PROSTHESIS |
| 19342 | 5 | DELAYED BREAST PROSTHESIS |
| 19350 | 6 | BREAST RECONSTRUCTION |
| 19355[19] | 6 | CORRECT INVERTED NIPPLE(S) |
| 19357 | 7 | BREAST RECONSTRUCTION |
| 19364[20] | 7 | BREAST RECONSTRUCTION |
| 19366 | 7 | BREAST RECONSTRUCTION |
| 19370 | 6 | SURGERY OF BREAST CAPSULE |
| 19371 | 6 | REMOVAL OF BREAST CAPSULE |
| 19380 | 7 | REVISE BREAST RECONSTRUCTION |

## MUSCULOSKELETAL SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **GENERAL** |
| **CPT SUBSECTION: INCISION** | | |
| 20005 | 4 | INCISION OF DEEP ABSCESS |
| **CPT SUBSECTION: EXCISION** | | |
| 20200 | 4 | MUSCLE BIOPSY |
| 20205 | 5 | DEEP MUSCLE BIOPSY |
| 20206 | 2 | NEEDLE BIOPSY, MUSCLE |
| 20220 | 2 | BONE BIOPSY, TROCAR/NEEDLE |
| 20225 | 4 | BONE BIOPSY, TROCAR/NEEDLE |
| 20240 | 4 | BONE BIOPSY, EXCISIONAL |
| 20245 | 5 | BONE BIOPSY, EXCISIONAL |
| 20250 | 5 | OPEN BONE BIOPSY |
| 20251 | 5 | OPEN BONE BIOPSY |
| **CPT SUBSECTION: INTRODUCTION OR REMOVAL** | | |
| 20525 | 5 | REMOVAL OF FOREIGN BODY |
| 20650 | 5 | INSERT AND REMOVE BONE PIN |
| 20660[20] | 4 | APPLY,REMOVE FIXATION DEVICE |
| 20661[20] | 5 | APPLICATION OF HEAD BRACE |
| 20662[20] | 5 | APPLICATION OF PELVIS BRACE |
| 20663[20] | 5 | APPLICATION OF THIGH BRACE |
| 20665[20] | 2 | REMOVAL OF FIXATION DEVICE |
| 20670 | 4 | REMOVAL OF SUPPORT IMPLANT |
| 20680 | 6 | REMOVAL OF SUPPORT IMPLANT |
| 20690 | 4 | APPLY BONE FIXATION DEVICE |
| 20692[19] | 5 | APPLY BONE FIXATION DEVICE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 20693[19] | 5 | ADJUST BONE FIXATION DEVICE |
| 20694[2] | 2 | REMOVE BONE FIXATION DEVICE |
| **CPT SUBSECTION: GRAFTS (OR IMPLANTS)** | | |
| 20900 | 5 | REMOVAL OF BONE FOR GRAFT |
| 20902 | 6 | REMOVAL OF BONE FOR GRAFT |
| 20910[2] | 5 | REMOVE CARTILAGE FOR GRAFT |
| 20912 | 5 | REMOVE CARTILAGE FOR GRAFT |
| 20920 | 6 | REMOVAL OF FASCIA FOR GRAFT |
| 20922 | 5 | REMOVAL OF FASCIA FOR GRAFT |
| 20924 | 6 | REMOVAL OF TENDON FOR GRAFT |
| 20926 | 6 | REMOVAL OF TISSUE FOR GRAFT |
| **CPT SUBSECTION: MISCELLANEOUS** | | |
| 20955[20] | 6 | FIBULA BONE GRAFT, MICROVASC |
| 20960[10] | 6 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; RIB |
| 20962[20] | 6 | OTHER BONE GRAFT, MICROVASC |
| 20969[20] | 6 | BONE/SKIN GRAFT, MICROVASC |
| 20970[20] | 6 | BONE/SKIN GRAFT, ILIAC CREST |
| 20971[10] | 6 | FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; RIB |
| 20972[20] | 6 | BONE/SKIN GRAFT, METATARSAL |
| 20973[20] | 6 | BONE/SKIN GRAFT, GREAT TOE |
| 20975 | 4 | ELECTRICAL BONE STIMULATION |
| **HEAD** | | |
| **CPT SUBSECTION: INCISION** | | |
| 21010 | 4 | INCISION OF JAW JOINT |
| **CPT SUBSECTION: EXCISION** | | |
| 21015[19] | 5 | RESECTION OF FACIAL TUMOR |
| 21025 | 4 | EXCISION OF BONE, LOWER JAW |
| 21026 | 4 | EXCISION OF FACIAL BONE(S) |
| 21029[19] | 4 | CONTOUR OF FACE BONE LESION |
| 21034 | 5 | REMOVAL OF FACE BONE LESION |
| 21040 | 4 | REMOVAL OF JAW BONE LESION |
| 21041[20] | 4 | REMOVAL OF JAW BONE LESION |
| 21044 | 4 | REMOVAL OF JAW BONE LESION |
| 21046[19] | 4 | EXCISION, BENIGN TUMOR, MANDIBLE |
| 21047[19] | 4 | EXCISION, BENIGN TUMOR, MANDIBLE |
| 21050 | 5 | REMOVAL OF JAW JOINT |
| 21060 | 4 | REMOVE JAW JOINT CARTILAGE |
| 21070 | 5 | REMOVE CORONOID PROCESS |
| **CPT SUBSECTION: INTRODUCTION OR REMOVAL** | | |
| 21100 | 4 | MAXILLOFACIAL FIXATION |
| **CPT SUBSECTION: REPAIR, REVISION, OR RECONSTRUCTION** | | |
| 21121[19] | 9 | RECONSTRUCTION OF CHIN |
| 21122[19] | 9 | RECONSTRUCTION OF CHIN |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 21123[19] | 9 | RECONSTRUCTION OF CHIN |
| 21127[19] | 10 | AUGMENTATION, LOWER JAW BONE |
| 21181[19] | 9 | CONTOUR CRANIAL BONE LESION |
| 21206 | 7 | RECONSTRUCT UPPER JAW BONE |
| 21208 | 9 | AUGMENTATION OF FACIAL BONES |
| 21209 | 7 | REDUCTION OF FACIAL BONES |
| 21210 | 9 | FACE BONE GRAFT |
| 21215 | 9 | LOWER JAW BONE GRAFT |
| 21230 | 9 | RIB CARTILAGE GRAFT |
| 21235 | 9 | EAR CARTILAGE GRAFT |
| 21240 | 6 | RECONSTRUCTION OF JAW JOINT |
| 21242 | 7 | RECONSTRUCTION OF JAW JOINT |
| 21243 | 7 | RECONSTRUCTION OF JAW JOINT |
| 21244 | 9 | RECONSTRUCTION OF LOWER JAW |
| 21245 | 9 | RECONSTRUCTION OF JAW |
| 21246 | 9 | RECONSTRUCTION OF JAW |
| 21248 | 9 | RECONSTRUCTION OF JAW |
| 21249 | 9 | RECONSTRUCTION OF JAW |
| 21267 | 9 | REVISE EYE SOCKETS |
| 21270 | 7 | AUGMENTATION, CHEEK BONE |
| 21275 | 9 | REVISION, ORBITOFACIAL BONES |
| 21280 | 7 | REVISION OF EYELID |
| 21282 | 7 | REVISION OF EYELID |
| 21295[19] | 2 | RECONST LWR JAW W/O FIXATION |
| 21296[19] | 2 | RECONST LWR JAW W/ FIXATION |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 21300 | 4 | TREATMENT OF SKULL FRACTURE |
| 21310 | 4 | TREATMENT OF NOSE FRACTURE |
| 21315 | 4 | TREATMENT OF NOSE FRACTURE |
| 21320 | 5 | TREATMENT OF NOSE FRACTURE |
| 21325 | 6 | TREATMENT OF NOSE FRACTURE |
| 21330 | 7 | TREATMENT OF NOSE FRACTURE |
| 21335 | 8 | TREATMENT OF NOSE FRACTURE |
| 21336[19] | 6 | TREAT NASAL SEPTAL FRACTURE |
| 21337 | 4 | TREAT NASAL SEPTAL FRACTURE |
| 21338 | 6 | TREAT NASOETHMOID FRACTURE |
| 21339 | 7 | TREAT NASOETHMOID FRACTURE |
| 21340 | 6 | TREATMENT OF NOSE FRACTURE |
| 21343[20] | 7 | TREATMENT OF SINUS FRACTURE |
| 21345[19] | 9 | TREAT NOSE/JAW FRACTURE |
| 21355 | 5 | TREAT CHEEK BONE FRACTURE |
| 21360[20] | 6 | TREAT CHEEK BONE FRACTURE |
| 21365[20] | 7 | TREAT CHEEK BONE FRACTURE |
| 21385[20] | 7 | TREAT EYE SOCKET FRACTURE |
| 21386[20] | 7 | TREAT EYE SOCKET FRACTURE |
| 21387[20] | 7 | TREAT EYE SOCKET FRACTURE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 21390[20] | 9 | TREAT EYE SOCKET FRACTURE |
| 21395[20] | 9 | TREAT EYE SOCKET FRACTURE |
| 21400 | 4 | TREAT EYE SOCKET FRACTURE |
| 21401 | 5 | TREAT EYE SOCKET FRACTURE |
| 21406[20] | 6 | TREAT EYE SOCKET FRACTURE |
| 21407[20] | 7 | TREAT EYE SOCKET FRACTURE |
| 21421 | 6 | TREAT MOUTH ROOF FRACTURE |
| 21422[20] | 7 | TREAT MOUTH ROOF FRACTURE |
| 21440 | 5 | TREAT DENTAL RIDGE FRACTURE |
| 21445 | 6 | TREAT DENTAL RIDGE FRACTURE |
| 21450 | 5 | TREAT LOWER JAW FRACTURE |
| 21451 | 6 | TREAT LOWER JAW FRACTURE |
| 21452 | 4 | TREAT LOWER JAW FRACTURE |
| 21453 | 5 | TREAT LOWER JAW FRACTURE |
| 21454 | 7 | TREAT LOWER JAW FRACTURE |
| 21461 | 6 | TREAT LOWER JAW FRACTURE |
| 21462 | 7 | TREAT LOWER JAW FRACTURE |
| 21465 | 6 | TREAT LOWER JAW FRACTURE |
| 21470[20] | 7 | TREAT LOWER JAW FRACTURE |
| 21480 | 2 | RESET DISLOCATED JAW |
| 21485 | 4 | RESET DISLOCATED JAW |
| 21490 | 5 | REPAIR DISLOCATED JAW |
| 21493 | 5 | TREAT HYOID BONE FRACTURE |
| 21494 | 6 | TREAT HYOID BONE FRACTURE |
| 21495[20] | 6 | TREAT HYOID BONE FRACTURE |
| 21497 | 4 | INTERDENTAL WIRING |
| **NECK (SOFT TISSUES) AND THORAX** | | |
| **CPT SUBSECTION: INCISION** | | |
| 21501 | 4 | DRAIN NECK/CHEST LESION |
| 21502 | 4 | DRAIN CHEST LESION |
| 21510[20] | 5 | DRAINAGE OF BONE LESION |
| **CPT SUBSECTION: EXCISION** | | |
| 21550[20] | 2 | BIOPSY OF NECK/CHEST |
| 21555 | 4 | REMOVE LESION, NECK/CHEST |
| 21556 | 4 | REMOVE LESION, NECK/CHEST |
| 21600 | 4 | PARTIAL REMOVAL OF RIB |
| 21610 | 4 | PARTIAL REMOVAL OF RIB |
| 21620[20] | 4 | PARTIAL REMOVAL OF STERNUM |
| **CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION** | | |
| 21700 | 4 | REVISION OF NECK MUSCLE |
| 21720 | 5 | REVISION OF NECK MUSCLE |
| 21725 | 5 | REVISION OF NECK MUSCLE |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 21800 | 2 | TREATMENT OF RIB FRACTURE |
| 21805 | 4 | TREATMENT OF RIB FRACTURE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 21810[20] | 4 | TREATMENT OF RIB FRACTURE(S) |
| 21820 | 2 | TREAT STERNUM FRACTURE |
| | | **BACK AND FLANK** |
| **CPT SUBSECTION: EXCISION** | | |
| 21920[20] | 2 | BIOPSY SOFT TISSUE OF BACK |
| 21925 | 4 | BIOPSY SOFT TISSUE OF BACK |
| 21930 | 4 | REMOVE LESION, BACK OR FLANK |
| 21935 | 5 | REMOVE TUMOR, BACK |
| | | **SPINE (VERTEBRAL COLUMN)** |
| **CPT SUBSECTION: EXCISION** | | |
| 22100[20] | 5 | REMOVE PART OF NECK VERTEBRA |
| 22101[20] | 5 | REMOVE PART, THORAX VERTEBRA |
| 22102[20] | 5 | REMOVE PART, LUMBAR VERTEBRA |
| 22103[8, 20] | 5 | REMOVE EXTRA SPINE SEGMENT |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 22305 | 2 | TREAT SPINE PROCESS FRACTURE |
| 22310 | 2 | TREAT SPINE FRACTURE |
| 22315 | 4 | TREAT SPINE FRACTURE |
| 22325[20] | 5 | TREAT SPINE FRACTURE |
| 22326[20] | 5 | TREAT NECK SPINE FRACTURE |
| 22327[20] | 5 | TREAT THORAX SPINE FRACTURE |
| 22328[8, 20] | 5 | TREAT EACH ADD SPINE FX |
| **CPT SUBSECTION: MANIPULATION** | | |
| 22505 | 4 | MANIPULATION OF SPINE |
| | | **ABDOMEN** |
| **CPT SUBSECTION: EXCISION** | | |
| 22900 | 6 | REMOVE ABDOMINAL WALL LESION |
| | | **SHOULDER** |
| **CPT SUBSECTION: INCISION** | | |
| 23000 | 4 | REMOVAL OF CALCIUM DEPOSITS |
| 23020 | 4 | RELEASE SHOULDER JOINT |
| 23030 | 2 | DRAIN SHOULDER LESION |
| 23031[19] | 5 | DRAIN SHOULDER BURSA |
| 23035 | 5 | DRAIN SHOULDER BONE LESION |
| 23040 | 5 | EXPLORATORY SHOULDER SURGERY |
| 23044 | 6 | EXPLORATORY SHOULDER SURGERY |
| **CPT SUBSECTION: EXCISION** | | |
| 23065[20] | 2 | BIOPSY SHOULDER TISSUES |
| 23066 | 4 | BIOPSY SHOULDER TISSUES |
| 23075 | 4 | REMOVAL OF SHOULDER LESION |
| 23076 | 4 | REMOVAL OF SHOULDER LESION |
| 23077 | 5 | REMOVE TUMOR OF SHOULDER |
| 23100 | 4 | BIOPSY OF SHOULDER JOINT |
| 23101 | 9 | SHOULDER JOINT SURGERY |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 23105 | 6 | REMOVE SHOULDER JOINT LINING |
| 23106 | 6 | INCISION OF COLLARBONE JOINT |
| 23107 | 6 | EXPLORE TREAT SHOULDER JOINT |
| 23120 | 7 | PARTIAL REMOVAL, COLLAR BONE |
| 23125 | 7 | REMOVAL OF COLLAR BONE |
| 23130 | 7 | REMOVE SHOULDER BONE, PART |
| 23140 | 6 | REMOVAL OF BONE LESION |
| 23145 | 7 | REMOVAL OF BONE LESION |
| 23146 | 7 | REMOVAL OF BONE LESION |
| 23150 | 6 | REMOVAL OF HUMERUS LESION |
| 23155 | 7 | REMOVAL OF HUMERUS LESION |
| 23156 | 7 | REMOVAL OF HUMERUS LESION |
| 23170 | 4 | REMOVE COLLAR BONE LESION |
| 23172 | 4 | REMOVE SHOULDER BLADE LESION |
| 23174 | 4 | REMOVE HUMERUS LESION |
| 23180 | 6 | REMOVE COLLAR BONE LESION |
| 23182 | 6 | REMOVE SHOULDER BLADE LESION |
| 23184 | 6 | REMOVE HUMERUS LESION |
| 23190 | 6 | PARTIAL REMOVAL OF SCAPULA |
| 23195 | 7 | REMOVAL OF HEAD OF HUMERUS |
| **CPT SUBSECTION: INTRODUCTION OR REMOVAL** | | |
| 23330 | 2 | REMOVE SHOULDER FOREIGN BODY |
| 23331 | 2 | REMOVE SHOULDER FOREIGN BODY |
| **CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION** | | |
| 23395 | 7 | MUSCLE TRANSFER,SHOULDER/ARM |
| 23397 | 9 | MUSCLE TRANSFERS |
| 23400 | 9 | FIXATION OF SHOULDER BLADE |
| 23405 | 4 | INCISION OF TENDON & MUSCLE |
| 23406 | 4 | INCISE TENDON(S) & MUSCLE(S) |
| 23410 | 7 | REPAIR OF TENDON(S) |
| 23412 | 9 | REPAIR OF TENDON(S) |
| 23415 | 7 | RELEASE OF SHOULDER LIGAMENT |
| 23420 | 9 | REPAIR OF SHOULDER |
| 23430 | 6 | REPAIR BICEPS TENDON |
| 23440 | 6 | REMOVE/TRANSPLANT TENDON |
| 23450 | 7 | REPAIR SHOULDER CAPSULE |
| 23455 | 9 | REPAIR SHOULDER CAPSULE |
| 23460 | 7 | REPAIR SHOULDER CAPSULE |
| 23462 | 9 | REPAIR SHOULDER CAPSULE |
| 23465 | 7 | REPAIR SHOULDER CAPSULE |
| 23466 | 9 | REPAIR SHOULDER CAPSULE |
| 23480 | 6 | REVISION OF COLLAR BONE |
| 23485 | 9 | REVISION OF COLLAR BONE |
| 23490 | 5 | REINFORCE CLAVICLE |
| 23491 | 5 | REINFORCE SHOULDER BONES |
| 23500 | 1 | TREAT CLAVICLE FRACTURE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 23505 | 2 | TREAT CLAVICLE FRACTURE |
| 23515 | 5 | TREAT CLAVICLE FRACTURE |
| 23520 | 2 | TREAT CLAVICLE DISLOCATION |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 23525 | 2 | TREAT CLAVICLE DISLOCATION |
| 23530 | 5 | TREAT CLAVICLE DISLOCATION |
| 23532 | 6 | TREAT CLAVICLE DISLOCATION |
| 23540 | 2 | TREAT CLAVICLE DISLOCATION |
| 23545 | 2 | TREAT CLAVICLE DISLOCATION |
| 23550 | 5 | TREAT CLAVICLE DISLOCATION |
| 23552 | 6 | TREAT CLAVICLE DISLOCATION |
| 23570 | 2 | TREAT SHOULDER BLADE FX |
| 23575 | 2 | TREAT SHOULDER BLADE FX |
| 23585 | 5 | TREAT SCAPULA FRACTURE |
| 23600 | 2 | TREAT HUMERUS FRACTURE |
| 23605 | 4 | TREAT HUMERUS FRACTURE |
| 23615 | 6 | TREAT HUMERUS FRACTURE |
| 23616 | 6 | TREAT HUMERUS FRACTURE |
| 23620 | 2 | TREAT HUMERUS FRACTURE |
| 23625 | 4 | TREAT HUMERUS FRACTURE |
| 23630 | 7 | TREAT HUMERUS FRACTURE |
| 23650 | 1 | TREAT SHOULDER DISLOCATION |
| 23655 | 1 | TREAT SHOULDER DISLOCATION |
| 23660 | 5 | TREAT SHOULDER DISLOCATION |
| 23665 | 4 | TREAT DISLOCATION/FRACTURE |
| 23670 | 5 | TREAT DISLOCATION/FRACTURE |
| 23675 | 4 | TREAT DISLOCATION/FRACTURE |
| 23680 | 5 | TREAT DISLOCATION/FRACTURE |
| **CPT SUBSECTION: MANIPULATION** | | |
| 23700 | 1 | FIXATION OF SHOULDER |
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 23800 | 6 | FUSION OF SHOULDER JOINT |
| 23802 | 9 | FUSION OF SHOULDER JOINT |
| **CPT SUBSECTION: AMPUTATION** | | |
| 23921 | 5 | AMPUTATION FOLLOW-UP SURGERY |
| **HUMERUS (UPPER ARM) AND ELBOW** | | |
| **CPT SUBSECTION: INCISION** | | |
| 23930 | 2 | DRAINAGE OF ARM LESION |
| 23931 | 4 | DRAINAGE OF ARM BURSA |
| 23935 | 4 | DRAIN ARM/ELBOW BONE LESION |
| **CPT SUBSECTION: EXCISION** | | |
| 24000 | 6 | EXPLORATORY ELBOW SURGERY |
| 24006[19] | 6 | RELEASE ELBOW JOINT |
| 24065[20] | 2 | BIOPSY ARM/ELBOW SOFT TISSUE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 24066 | 4 | BIOPSY ARM/ELBOW SOFT TISSUE |
| 24075 | 4 | REMOVE ARM/ELBOW LESION |
| 24076 | 4 | REMOVE ARM/ELBOW LESION |
| 24077 | 5 | REMOVE TUMOR OF ARM/ELBOW |
| 24100 | 2 | BIOPSY ELBOW JOINT LINING |
| 24101 | 6 | EXPLORE/TREAT ELBOW JOINT |
| 24102 | 6 | REMOVE ELBOW JOINT LINING |
| 24105 | 5 | REMOVAL OF ELBOW BURSA |
| 24110 | 4 | REMOVE HUMERUS LESION |
| 24115 | 5 | REMOVE/GRAFT BONE LESION |
| 24116 | 5 | REMOVE/GRAFT BONE LESION |
| 24120 | 5 | REMOVE ELBOW LESION |
| 24125 | 5 | REMOVE/GRAFT BONE LESION |
| 24126 | 5 | REMOVE/GRAFT BONE LESION |
| 24130 | 5 | REMOVAL OF HEAD OF RADIUS |
| 24134 | 4 | REMOVAL OF ARM BONE LESION |
| 24136 | 4 | REMOVE RADIUS BONE LESION |
| 24138 | 4 | REMOVE ELBOW BONE LESION |
| 24140 | 5 | PARTIAL REMOVAL OF ARM BONE |
| 24145 | 5 | PARTIAL REMOVAL OF RADIUS |
| 24147 | 4 | PARTIAL REMOVAL OF ELBOW |
| 24150[20] | 5 | EXTENSIVE HUMERUS SURGERY |
| 24151[20] | 6 | EXTENSIVE HUMERUS SURGERY |
| 24152[20] | 5 | EXTENSIVE RADIUS SURGERY |
| 24153[20] | 6 | EXTENSIVE RADIUS SURGERY |
| 24155 | 5 | REMOVAL OF ELBOW JOINT |
| **CPT SUBSECTION: INTRODUCTION OR REMOVAL** | | |
| 24160 | 4 | REMOVE ELBOW JOINT IMPLANT |
| 24164 | 5 | REMOVE RADIUS HEAD IMPLANT |
| 24201 | 4 | REMOVAL OF ARM FOREIGN BODY |
| **CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION** | | |
| 24301 | 6 | MUSCLE/TENDON TRANSFER |
| 24305[19] | 6 | ARM TENDON LENGTHENING |
| 24310 | 5 | REVISION OF ARM TENDON |
| 24320 | 5 | REPAIR OF ARM TENDON |
| 24330 | 5 | REVISION OF ARM MUSCLES |
| 24331 | 5 | REVISION OF ARM MUSCLES |
| 24340 | 5 | REPAIR OF BICEPS TENDON |
| 24341[19] | 5 | REPAIR ARM TENDON/MUSCLE |
| 24342 | 5 | REPAIR OF RUPTURED TENDON |
| 24345[19] | 4 | REPR ELBW MED LIGMNT W/ TISSU |
| 24350 | 5 | REPAIR OF TENNIS ELBOW |
| 24351 | 5 | REPAIR OF TENNIS ELBOW |
| 24352 | 5 | REPAIR OF TENNIS ELBOW |
| 24354 | 5 | REPAIR OF TENNIS ELBOW |
| 24356 | 5 | REVISION OF TENNIS ELBOW |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 24360 | 7 | RECONSTRUCT ELBOW JOINT |
| 24361 | 7 | RECONSTRUCT ELBOW JOINT |
| 24362 | 7 | RECONSTRUCT ELBOW JOINT |
| 24363 | 9 | REPLACE ELBOW JOINT |
| 24365 | 7 | RECONSTRUCT HEAD OF RADIUS |
| 24366 | 7 | RECONSTRUCT HEAD OF RADIUS |
| 24400 | 6 | REVISION OF HUMERUS |
| 24410 | 6 | REVISION OF HUMERUS |
| 24420 | 5 | REVISION OF HUMERUS |
| 24430 | 5 | REPAIR OF HUMERUS |
| 24435 | 6 | REPAIR HUMERUS WITH GRAFT |
| 24470 | 5 | REVISION OF ELBOW JOINT |
| 24495 | 4 | DECOMPRESSION OF FOREARM |
| 24498 | 5 | REINFORCE HUMERUS |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 24500 | 2 | TREAT HUMERUS FRACTURE |
| 24505 | 2 | TREAT HUMERUS FRACTURE |
| 24515 | 6 | TREAT HUMERUS FRACTURE |
| 24516 | 6 | TREAT HUMERUS FRACTURE |
| 24530 | 1 | TREAT HUMERUS FRACTURE |
| 24535 | 2 | TREAT HUMERUS FRACTURE |
| 24538 | 4 | TREAT HUMERUS FRACTURE |
| 24545 | 6 | TREAT HUMERUS FRACTURE |
| 24546 | 7 | TREAT HUMERUS FRACTURE |
| 24560 | 2 | TREAT HUMERUS FRACTURE |
| 24565 | 4 | TREAT HUMERUS FRACTURE |
| 24566 | 4 | TREAT HUMERUS FRACTURE |
| 24575 | 5 | TREAT HUMERUS FRACTURE |
| 24576 | 2 | TREAT HUMERUS FRACTURE |
| 24577 | 2 | TREAT HUMERUS FRACTURE |
| 24579 | 5 | TREAT HUMERUS FRACTURE |
| 24582 | 4 | TREAT HUMERUS FRACTURE |
| 24586 | 6 | TREAT ELBOW FRACTURE |
| 24587 | 7 | TREAT ELBOW FRACTURE |
| 24600 | 1 | TREAT ELBOW DISLOCATION |
| 24605 | 4 | TREAT ELBOW DISLOCATION |
| 24615 | 5 | TREAT ELBOW DISLOCATION |
| 24620 | 4 | TREAT ELBOW FRACTURE |
| 24635 | 5 | TREAT ELBOW FRACTURE |
| 24655 | 2 | TREAT RADIUS FRACTURE |
| 24665 | 6 | TREAT RADIUS FRACTURE |
| 24666 | 6 | TREAT RADIUS FRACTURE |
| 24670 | 2 | TREAT ULNAR FRACTURE |
| 24675 | 2 | TREAT ULNAR FRACTURE |
| 24685 | 5 | TREAT ULNAR FRACTURE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 24800 | 6 | FUSION OF ELBOW JOINT |
| 24802 | 7 | FUSION/GRAFT OF ELBOW JOINT |
| **CPT SUBSECTION: AMPUTATION** | | |
| 24925 | 5 | AMPUTATION FOLLOW-UP SURGERY |
| | | **FOREARM AND WRIST** |
| **CPT SUBSECTION: INCISION** | | |
| 25000 | 5 | INCISION OF TENDON SHEATH |
| 25005[3] | 5 | TENDON SHEATH INCISION; AT WRIST FOR OTHER STENOSING TENOSYNOVITIS |
| 25020 | 5 | DECOMPRESS FOREARM 1 SPACE |
| 25023 | 5 | DECOMPRESS FOREARM 1 SPACE |
| 25024[16] | 5 | DECOMPRESS FOREARM 2 SPACES |
| 25025[16] | 5 | DECOMPRESS FOREARM 2 SPACES |
| 25028 | 2 | DRAINAGE OF FOREARM LESION |
| 25031 | 4 | DRAINAGE OF FOREARM BURSA |
| 25035 | 4 | TREAT FOREARM BONE LESION |
| 25040 | 7 | EXPLORE/TREAT WRIST JOINT |
| **CPT SUBSECTION: EXCISION** | | |
| 25065[20] | 2 | BIOPSY FOREARM SOFT TISSUES |
| 25066 | 4 | BIOPSY FOREARM SOFT TISSUES |
| 25075 | 4 | REMOVE FOREARM LESION SUBCUT |
| 25076 | 5 | REMOVE FOREARM LESION DEEP |
| 25077 | 5 | REMOVE TUMOR, FOREARM/WRIST |
| 25085 | 5 | INCISION OF WRIST CAPSULE |
| 25100 | 4 | BIOPSY OF WRIST JOINT |
| 25101 | 5 | EXPLORE/TREAT WRIST JOINT |
| 25105 | 6 | REMOVE WRIST JOINT LINING |
| 25107 | 5 | REMOVE WRIST JOINT CARTILAGE |
| 25110 | 5 | REMOVE WRIST TENDON LESION |
| 25111 | 6 | REMOVE WRIST TENDON LESION |
| 25112 | 6 | REREMOVE WRIST TENDON LESION |
| 25115 | 6 | REMOVE WRIST/FOREARM LESION |
| 25116 | 6 | REMOVE WRIST/FOREARM LESION |
| 25118 | 4 | EXCISE WRIST TENDON SHEATH |
| 25119 | 5 | PARTIAL REMOVAL OF ULNA |
| 25120 | 5 | REMOVAL OF FOREARM LESION |
| 25125 | 5 | REMOVE/GRAFT FOREARM LESION |
| 25126 | 5 | REMOVE/GRAFT FOREARM LESION |
| 25130 | 5 | REMOVAL OF WRIST LESION |
| 25135 | 5 | REMOVE & GRAFT WRIST LESION |
| 25136 | 5 | REMOVE & GRAFT WRIST LESION |
| 25145 | 4 | REMOVE FOREARM BONE LESION |
| 25150 | 4 | PARTIAL REMOVAL OF ULNA |
| 25151 | 4 | PARTIAL REMOVAL OF RADIUS |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 25170[20] | 5 | EXTENSIVE FOREARM SURGERY |
| 25210 | 5 | REMOVAL OF WRIST BONE |
| 25215 | 6 | REMOVAL OF WRIST BONES |
| 25230 | 6 | PARTIAL REMOVAL OF RADIUS |
| 25240 | 6 | PARTIAL REMOVAL OF ULNA |
| **CPT SUBSECTION: INTRODUCTION OR REMOVAL** | | |
| 25248 | 4 | REMOVE FOREARM FOREIGN BODY |
| 25250 | 2 | REMOVAL OF WRIST PROSTHESIS |
| 25251 | 2 | REMOVAL OF WRIST PROSTHESIS |
| **CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION** | | |
| 25260 | 6 | REPAIR FOREARM TENDON/MUSCLE |
| 25263 | 4 | REPAIR FOREARM TENDON/MUSCLE |
| 25265 | 5 | REPAIR FOREARM TENDON/MUSCLE |
| 25270 | 6 | REPAIR FOREARM TENDON/MUSCLE |
| 25272 | 5 | REPAIR FOREARM TENDON/MUSCLE |
| 25274 | 6 | REPAIR FOREARM TENDON/MUSCLE |
| 25275[16] | 6 | REPAIR FOREARM TENDON SHEATH |
| 25280 | 6 | REVISE WRIST/FOREARM TENDON |
| 25290 | 5 | INCISE WRIST/FOREARM TENDON |
| 25295 | 5 | RELEASE WRIST/FOREARM TENDON |
| 25300 | 5 | FUSION OF TENDONS AT WRIST |
| 25301 | 5 | FUSION OF TENDONS AT WRIST |
| 25310 | 5 | TRANSPLANT FOREARM TENDON |
| 25312 | 6 | TRANSPLANT FOREARM TENDON |
| 25315 | 5 | REVISE PALSY HAND TENDON(S) |
| 25316 | 5 | REVISE PALSY HAND TENDON(S) |
| 25317[3] | 5 | FLEXOR ORIGIN SLIDE FOR VOLKMANN CONTRACTURE |
| 25318[3] | 5 | FLEXOR ORIGIN SLIDE FOR VOLKMANN CONTRACTURE; WITH TENDON(S) TRANSFER |
| 25320 | 5 | REPAIR/REVISE WRIST JOINT |
| 25330[10] | 7 | ARTHROPLASTY, WRIST |
| 25331[10] | 7 | ARTHROPLASTY, WRIST; WITH IMPLANT |
| 25332 | 7 | REVISE WRIST JOINT |
| 25335 | 5 | REALIGNMENT OF HAND |
| 25337[19] | 7 | RECONSTRUCT ULNA/RADIOULNAR |
| 25350 | 5 | REVISION OF RADIUS |
| 25355 | 5 | REVISION OF RADIUS |
| 25360 | 5 | REVISION OF ULNA |
| 25365 | 5 | REVISE RADIUS & ULNA |
| 25370 | 5 | REVISE RADIUS OR ULNA |
| 25375 | 6 | REVISE RADIUS & ULNA |
| 25390 | 5 | SHORTEN RADIUS OR ULNA |
| 25391 | 6 | LENGTHEN RADIUS OR ULNA |
| 25392 | 5 | SHORTEN RADIUS & ULNA |
| 25393 | 6 | LENGTHEN RADIUS & ULNA |
| 25400 | 5 | REPAIR RADIUS OR ULNA |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 25405 | 6 | REPAIR/GRAFT RADIUS OR ULNA |
| 25415 | 5 | REPAIR RADIUS & ULNA |
| 25420 | 6 | REPAIR/GRAFT RADIUS & ULNA |
| 25425 | 5 | REPAIR/GRAFT RADIUS OR ULNA |
| 25426 | 6 | REPAIR/GRAFT RADIUS & ULNA |
| 25440 | 6 | REPAIR/GRAFT WRIST BONE |
| 25441 | 7 | RECONSTRUCT WRIST JOINT |
| 25442 | 7 | RECONSTRUCT WRIST JOINT |
| 25443 | 7 | RECONSTRUCT WRIST JOINT |
| 25444 | 7 | RECONSTRUCT WRIST JOINT |
| 25445 | 7 | RECONSTRUCT WRIST JOINT |
| 25446 | 9 | WRIST REPLACEMENT |
| 25447 | 7 | REPAIR WRIST JOINT(S) |
| 25449 | 7 | REMOVE WRIST JOINT IMPLANT |
| 25450 | 5 | REVISION OF WRIST JOINT |
| 25455 | 5 | REVISION OF WRIST JOINT |
| 25490 | 5 | REINFORCE RADIUS |
| 25491 | 5 | REINFORCE ULNA |
| 25492 | 5 | REINFORCE RADIUS AND ULNA |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 25505 | 1 | TREAT FRACTURE OF RADIUS |
| 25515 | 5 | TREAT FRACTURE OF RADIUS |
| 25520 | 2 | TREAT FRACTURE OF RADIUS |
| 25525 | 6 | TREAT FRACTURE OF RADIUS |
| 25526 | 7 | TREAT FRACTURE OF RADIUS |
| 25535 | 2 | TREAT FRACTURE OF ULNA |
| 25545 | 5 | TREAT FRACTURE OF ULNA |
| 25565 | 2 | TREAT FRACTURE RADIUS & ULNA |
| 25574 | 5 | TREAT FRACTURE RADIUS & ULNA |
| 25575 | 5 | TREAT FRACTURE RADIUS/ULNA |
| 25605 | 3 | TREAT FRACTURE RADIUS/ULNA |
| 25611 | 8 | TREAT FRACTURE RADIUS/ULNA |
| 25620 | 7 | TREAT FRACTURE RADIUS/ULNA |
| 25624 | 4 | TREAT WRIST BONE FRACTURE |
| 25628 | 5 | TREAT WRIST BONE FRACTURE |
| 25635 | 2 | TREAT WRIST BONE FRACTURE |
| 25645 | 5 | TREAT WRIST BONE FRACTURE |
| 25660 | 2 | TREAT WRIST DISLOCATION |
| 25670 | 5 | TREAT WRIST DISLOCATION |
| 25671[16] | 2 | PIN RADIOULNAR DISLOCATION |
| 25675 | 2 | TREAT WRIST DISLOCATION |
| 25676 | 4 | TREAT WRIST DISLOCATION |
| 25680 | 4 | TREAT WRIST FRACTURE |
| 25685 | 5 | TREAT WRIST FRACTURE |
| 25690 | 2 | TREAT WRIST DISLOCATION |
| 25695 | 4 | TREAT WRIST DISLOCATION |

* The number following the procedure code is the TRICARE payment group.

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 25800 | 6 | FUSION OF WRIST JOINT |
| 25805 | 7 | FUSION/GRAFT OF WRIST JOINT |
| 25810 | 7 | FUSION/GRAFT OF WRIST JOINT |
| 25820 | 6 | FUSION OF HAND BONES |
| 25825 | 7 | FUSE HAND BONES WITH GRAFT |
| 25830[19] | 7 | FUSION, RADIOULNAR JNT/ULNA |
| **CPT SUBSECTION: AMPUTATION** | | |
| 25907 | 5 | AMPUTATION FOLLOW-UP SURGERY |
| 25922 | 5 | AMPUTATE HAND AT WRIST |
| 25929 | 5 | AMPUTATION FOLLOW-UP SURGERY |
| | | **HANDS AND FINGERS** |
| **CPT SUBSECTION: INCISION** | | |
| 26011 | 2 | DRAINAGE OF FINGER ABSCESS |
| 26020 | 4 | DRAIN HAND TENDON SHEATH |
| 26025 | 2 | DRAINAGE OF PALM BURSA |
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 26030 | 4 | DRAINAGE OF PALM BURSA(S) |
| 26034 | 4 | TREAT HAND BONE LESION |
| 26035[20] | 6 | DECOMPRESS FINGERS/HAND |
| 26037[20] | 6 | DECOMPRESS FINGERS/HAND |
| 26040 | 6 | RELEASE PALM CONTRACTURE |
| 26045 | 5 | RELEASE PALM CONTRACTURE |
| 26055 | 4 | INCISE FINGER TENDON SHEATH |
| 26060 | 4 | INCISION OF FINGER TENDON |
| 26070 | 4 | EXPLORE/TREAT HAND JOINT |
| 26075 | 6 | EXPLORE/TREAT FINGER JOINT |
| 26080 | 6 | EXPLORE/TREAT FINGER JOINT |
| **CPT SUBSECTION: EXCISION** | | |
| 26100 | 4 | BIOPSY HAND JOINT LINING |
| 26105 | 2 | BIOPSY FINGER JOINT LINING |
| 26110 | 2 | BIOPSY FINGER JOINT LINING |
| 26115 | 3 | REMOVE HAND LESION SUBCUT |
| 26116 | 3 | REMOVE HAND LESION, DEEP |
| 26117 | 5 | REMOVE TUMOR, HAND/FINGER |
| 26121 | 7 | RELEASE PALM CONTRACTURE |
| 26123 | 6 | RELEASE PALM CONTRACTURE |
| 26125 | 6 | RELEASE PALM CONTRACTURE |
| 26130 | 5 | REMOVE WRIST JOINT LINING |
| 26135 | 6 | REVISE FINGER JOINT, EACH |
| 26140 | 4 | REVISE FINGER JOINT, EACH |
| 26145 | 5 | TENDON EXCISION, PALM/FINGER |
| 26160 | 4 | REMOVE TENDON SHEATH LESION |
| 26170 | 5 | REMOVAL OF PALM TENDON, EACH |
| 26180 | 5 | REMOVAL OF FINGER TENDON |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 26185[19] | 6 | REMOVE FINGER BONE |
| 26200 | 4 | REMOVE HAND BONE LESION |
| 26205 | 5 | REMOVE/GRAFT BONE LESION |
| 26210 | 4 | REMOVAL OF FINGER LESION |
| 26215 | 5 | REMOVE/GRAFT FINGER LESION |
| 26230 | 9 | PARTIAL REMOVAL OF HAND BONE |
| 26235 | 5 | PARTIAL REMOVAL, FINGER BONE |
| 26236 | 5 | PARTIAL REMOVAL, FINGER BONE |
| 26250 | 5 | EXTENSIVE HAND SURGERY |
| 26255 | 5 | EXTENSIVE HAND SURGERY |
| 26260 | 5 | EXTENSIVE FINGER SURGERY |
| 26261 | 5 | EXTENSIVE FINGER SURGERY |
| 26262 | 4 | PARTIAL REMOVAL OF FINGER |
| **CPT SUBSECTION: INTRODUCTION OR REMOVAL** | | |
| 26320 | 4 | REMOVAL OF IMPLANT FROM HAND |
| **CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION** | | |
| 26350 | 2 | REPAIR FINGER/HAND TENDON |
| 26352 | 6 | REPAIR/GRAFT HAND TENDON |
| 26356 | 6 | REPAIR FINGER/HAND TENDON |
| 26357 | 6 | REPAIR FINGER/HAND TENDON |
| 26358 | 6 | REPAIR/GRAFT HAND TENDON |
| 26370 | 6 | REPAIR FINGER/HAND TENDON |
| 26372 | 6 | REPAIR/GRAFT HAND TENDON |
| 26373 | 5 | REPAIR FINGER/HAND TENDON |
| 26390 | 6 | REVISE HAND/FINGER TENDON |
| 26392 | 5 | REPAIR/GRAFT HAND TENDON |
| 26410 | 5 | REPAIR HAND TENDON |
| 26412 | 5 | REPAIR/GRAFT HAND TENDON |
| 26415 | 6 | EXCISION, HAND/FINGER TENDON |
| 26416[2] | 5 | GRAFT HAND OR FINGER TENDON |
| 26418 | 1 | REPAIR FINGER TENDON |
| 26420 | 6 | REPAIR/GRAFT FINGER TENDON |
| 26426 | 5 | REPAIR FINGER/HAND TENDON |
| 26428 | 5 | REPAIR/GRAFT FINGER TENDON |
| 26432 | 5 | REPAIR FINGER TENDON |
| 26433 | 5 | REPAIR FINGER TENDON |
| 26434 | 5 | REPAIR/GRAFT FINGER TENDON |
| 26437 | 5 | REALIGNMENT OF TENDONS |
| 26440 | 5 | RELEASE PALM/FINGER TENDON |
| 26442 | 5 | RELEASE PALM & FINGER TENDON |
| 26445 | 5 | RELEASE HAND/FINGER TENDON |
| 26449 | 5 | RELEASE FOREARM/HAND TENDON |
| 26450 | 5 | INCISION OF PALM TENDON |
| 26455 | 5 | INCISION OF FINGER TENDON |
| 26460 | 5 | INCISE HAND/FINGER TENDON |
| 26471 | 4 | FUSION OF FINGER TENDONS |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 26474 | 4 | FUSION OF FINGER TENDONS |
| 26476 | 2 | TENDON LENGTHENING |
| 26477 | 2 | TENDON SHORTENING |
| 26478 | 2 | LENGTHENING OF HAND TENDON |
| 26479 | 2 | SHORTENING OF HAND TENDON |
| 26480 | 5 | TRANSPLANT HAND TENDON |
| 26483 | 5 | TRANSPLANT/GRAFT HAND TENDON |
| 26485 | 4 | TRANSPLANT PALM TENDON |
| 26489 | 5 | TRANSPLANT/GRAFT PALM TENDON |
| 26490 | 5 | REVISE THUMB TENDON |
| 26492 | 5 | TENDON TRANSFER WITH GRAFT |
| 26494 | 5 | HAND TENDON/MUSCLE TRANSFER |
| 26496 | 5 | REVISE THUMB TENDON |
| 26497 | 5 | FINGER TENDON TRANSFER |
| 26498 | 6 | FINGER TENDON TRANSFER |
| 26499 | 5 | REVISION OF FINGER |
| 26500 | 6 | HAND TENDON RECONSTRUCTION |
| 26502 | 6 | HAND TENDON RECONSTRUCTION |
| 26504 | 6 | HAND TENDON RECONSTRUCTION |
| 26508 | 5 | RELEASE THUMB CONTRACTURE |
| 26510 | 5 | THUMB TENDON TRANSFER |
| 26516 | 2 | FUSION OF KNUCKLE JOINT |
| 26517 | 5 | FUSION OF KNUCKLE JOINTS |
| 26518 | 5 | FUSION OF KNUCKLE JOINTS |
| 26520 | 5 | RELEASE KNUCKLE CONTRACTURE |
| 26525 | 5 | RELEASE FINGER CONTRACTURE |
| 26527[3] | 7 | ARTHROPLASTY, CARPOMETACARPAL JOINT |
| 26530 | 5 | REVISE KNUCKLE JOINT |
| 26531 | 9 | REVISE KNUCKLE WITH IMPLANT |
| 26535 | 7 | REVISE FINGER JOINT |
| 26536 | 7 | REVISE/IMPLANT FINGER JOINT |
| 26540 | 6 | REPAIR HAND JOINT |
| 26541 | 9 | REPAIR HAND JOINT WITH GRAFT |
| 26542 | 6 | REPAIR HAND JOINT WITH GRAFT |
| 26545 | 6 | RECONSTRUCT FINGER JOINT |
| 26546[19] | 6 | REPAIR NONUNION HAND |
| 26548 | 6 | RECONSTRUCT FINGER JOINT |
| 26550 | 4 | CONSTRUCT THUMB REPLACEMENT |
| 26551[9, 20] | 6 | GREAT TOE-HAND TRANSFER |
| 26552[10] | 6 | RECONSTRUCTION THUMB WITH TOE |
| 26553[9, 20] | 4 | SINGLE TRANSFER, TOE-HAND |
| 26554[9, 20] | 4 | DOUBLE TRANSFER, TOE-HAND |
| 26555 | 5 | POSITIONAL CHANGE OF FINGER |
| 26557[10] | 5 | TOE TO FINGER TRANSFER; FIRST STAGE |
| 26558[10] | 4 | TOE TO FINGER TRANSFER; EACH DELAY |
| 26559[10] | 4 | TOE TO FINGER TRANSFER; SECOND STAGE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 26560 | 4 | REPAIR OF WEB FINGER |
| 26561 | 5 | REPAIR OF WEB FINGER |
| 26562 | 6 | REPAIR OF WEB FINGER |
| 26565 | 7 | CORRECT METACARPAL FLAW |
| 26567 | 7 | CORRECT FINGER DEFORMITY |
| 26568 | 5 | LENGTHEN METACARPAL/FINGER |
| 26580 | 7 | REPAIR HAND DEFORMITY |
| 26585[17] | 7 | REPAIR FINGER DEFORMITY |
| 26587[2] | 7 | RECONSTRUCT EXTRA FINGER |
| 26590 | 7 | REPAIR FINGER DEFORMITY |
| 26591 | 5 | REPAIR MUSCLES OF HAND |
| 26593 | 5 | RELEASE MUSCLES OF HAND |
| 26596 | 4 | EXCISION CONSTRICTING TISSUE |
| 26597[17] | 5 | RELEASE OF SCAR CONTRACTURE |
| **CPT SUBSECTION: FRACTURE AND/OR DISLOCATION** | | |
| 26605 | 1 | TREAT METACARPAL FRACTURE |
| 26607 | 4 | TREAT METACARPAL FRACTURE |
| 26608[19] | 6 | TREAT METACARPAL FRACTURE |
| 26615 | 7 | TREAT METACARPAL FRACTURE |
| 26645 | 2 | TREAT THUMB FRACTURE |
| 26650 | 4 | TREAT THUMB FRACTURE |
| 26665 | 6 | TREAT THUMB FRACTURE |
| 26675 | 4 | TREAT HAND DISLOCATION |
| 26676 | 4 | PIN HAND DISLOCATION |
| 26685 | 5 | TREAT HAND DISLOCATION |
| 26686 | 5 | TREAT HAND DISLOCATION |
| 26705 | 4 | TREAT KNUCKLE DISLOCATION |
| 26706 | 4 | PIN KNUCKLE DISLOCATION |
| 26715 | 6 | TREAT KNUCKLE DISLOCATION |
| 26727 | 9 | TREAT FINGER FRACTURE, EACH |
| 26735 | 6 | TREAT FINGER FRACTURE, EACH |
| 26742 | 4 | TREAT FINGER FRACTURE, EACH |
| 26746 | 7 | TREAT FINGER FRACTURE, EACH |
| 26756 | 4 | PIN FINGER FRACTURE, EACH |
| 26765 | 6 | TREAT FINGER FRACTURE, EACH |
| 26776 | 4 | PIN FINGER DISLOCATION |
| 26785 | 4 | TREAT FINGER DISLOCATION |
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 26820 | 7 | THUMB FUSION WITH GRAFT |
| 26841 | 6 | FUSION OF THUMB |
| 26842 | 6 | THUMB FUSION WITH GRAFT |
| 26843 | 5 | FUSION OF HAND JOINT |
| 26844 | 5 | FUSION/GRAFT OF HAND JOINT |
| 26850 | 6 | FUSION OF KNUCKLE |
| 26852 | 6 | FUSION OF KNUCKLE WITH GRAFT |
| 26860 | 5 | FUSION OF FINGER JOINT |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 26861 | 4 | FUSION OF FINGER JNT, ADD-ON |
| 26862 | 6 | FUSION/GRAFT OF FINGER JOINT |
| 26863 | 5 | FUSE/GRAFT ADDED JOINT |
| **CPT SUBSECTION: AMPUTATION** | | |
| 26910 | 5 | AMPUTATE METACARPAL BONE |
| 26951 | 1 | AMPUTATION OF FINGER/THUMB |
| 26952 | 6 | AMPUTATION OF FINGER/THUMB |
| | | **PELVIS AND HIP JOINT** |
| **CPT SUBSECTION: INCISION** | | |
| 26990 | 2 | DRAINAGE OF PELVIS LESION |
| 26991 | 2 | DRAINAGE OF PELVIS BURSA |
| 26992[20] | 4 | DRAINAGE OF BONE LESION |
| 27000 | 4 | INCISION OF HIP TENDON |
| 27001 | 5 | INCISION OF HIP TENDON |
| 27003 | 5 | INCISION OF HIP TENDON |
| 27030[20] | 5 | DRAINAGE OF HIP JOINT |
| 27033 | 5 | EXPLORATION OF HIP JOINT |
| 27035 | 6 | DENERVATION OF HIP JOINT |
| **CPT SUBSECTION: EXCISION** | | |
| 27040 | 2 | BIOPSY OF SOFT TISSUES |
| 27041 | 4 | BIOPSY OF SOFT TISSUES |
| 27047 | 4 | REMOVE HIP/PELVIS LESION |
| 27048 | 5 | REMOVE HIP/PELVIS LESION |
| 27049 | 5 | REMOVE TUMOR, HIP/PELVIS |
| 27050 | 5 | BIOPSY OF SACROILIAC JOINT |
| 27052 | 5 | BIOPSY OF HIP JOINT |
| 27060 | 7 | REMOVAL OF ISCHIAL BURSA |
| 27062 | 7 | REMOVE FEMUR LESION/BURSA |
| 27065 | 7 | REMOVAL OF HIP BONE LESION |
| 27066 | 7 | REMOVAL OF HIP BONE LESION |
| 27067[19] | 7 | REMOVE/GRAFT HIP BONE LESION |
| 27080 | 4 | REMOVAL OF TAIL BONE |
| **CPT SUBSECTION: PRODUCTION AND/OR REMOVAL** | | |
| 27086 | 2 | REMOVE HIP FOREIGN BODY |
| 27087 | 5 | REMOVE HIP FOREIGN BODY |
| **CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION** | | |
| 27097 | 5 | REVISION OF HIP TENDON |
| 27098 | 5 | TRANSFER TENDON TO PELVIS |
| 27100 | 6 | TRANSFER OF ABDOMINAL MUSCLE |
| 27105 | 6 | TRANSFER OF SPINAL MUSCLE |
| 27110 | 6 | TRANSFER OF ILIOPSOAS MUSCLE |
| 27111 | 6 | TRANSFER OF ILIOPSOAS MUSCLE |
| **CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS** | | |
| 27193 | 2 | TREAT PELVIC RING FRACTURE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 27194 | 4 | TREAT PELVIC RING FRACTURE |
| 27202 | 4 | TREAT TAIL BONE FRACTURE |
| 27230 | 2 | TREAT THIGH FRACTURE |
| 27238 | 2 | TREAT THIGH FRACTURE |
| 27246 | 2 | TREAT THIGH FRACTURE |
| 27250 | 2 | TREAT HIP DISLOCATION |
| 27252 | 2 | TREAT HIP DISLOCATION |
| 27257[19] | 5 | TREAT HIP DISLOCATION |
| 27265 | 2 | TREAT HIP DISLOCATION |
| 27266 | 4 | TREAT HIP DISLOCATION |
| **CPT SUBSECTION: MANIPULATION** | | |
| 27275 | 4 | MANIPULATION OF HIP JOINT |
| **FEMUR (THIGH REGION) AND KNEE JOINT** | | |
| **CPT SUBSECTION: INCISION** | | |
| 27301 | 5 | DRAIN THIGH/KNEE LESION |
| 27303[20] | 4 | DRAINAGE OF BONE LESION |
| 27305 | 4 | INCISE THIGH TENDON & FASCIA |
| 27306 | 5 | INCISION OF THIGH TENDON |
| 27307 | 5 | INCISION OF THIGH TENDONS |
| 27310 | 6 | EXPLORATION OF KNEE JOINT |
| 27315 | 4 | PARTIAL REMOVAL, THIGH NERVE |
| 27320 | 4 | PARTIAL REMOVAL, THIGH NERVE |
| **CPT SUBSECTION: EXCISION** | | |
| 27323 | 2 | BIOPSY, THIGH SOFT TISSUES |
| 27324 | 2 | BIOPSY, THIGH SOFT TISSUES |
| 27327 | 4 | REMOVAL OF THIGH LESION |
| 27328 | 5 | REMOVAL OF THIGH LESION |
| 27329[19] | 6 | REMOVE TUMOR, THIGH/KNEE |
| 27330 | 6 | BIOPSY, KNEE JOINT LINING |
| 27331 | 6 | EXPLORE/TREAT KNEE JOINT |
| 27332 | 6 | REMOVAL OF KNEE CARTILAGE |
| 27333 | 6 | REMOVAL OF KNEE CARTILAGE |
| 27334 | 6 | REMOVE KNEE JOINT LINING |
| 27335 | 6 | REMOVE KNEE JOINT LINING |
| 27340 | 5 | REMOVAL OF KNEECAP BURSA |
| 27345 | 9 | REMOVAL OF KNEE CYST |
| 27347[19] | 6 | REMOVE KNEE CYST |
| 27350 | 6 | REMOVAL OF KNEECAP |
| 27355 | 5 | REMOVE FEMUR LESION |
| 27356 | 6 | REMOVE FEMUR LESION/GRAFT |
| 27357[19] | 7 | REMOVE FEMUR LESION/GRAFT |
| 27358[19] | 7 | REMOVE FEMUR LESION/FIXATION |
| 27360 | 7 | PARTIAL REMOVAL, LEG BONE(S) |
| **CPT SUBSECTION: INTRODUCTION AND/OR REMOVAL** | | |
| 27372 | 9 | REMOVAL OF FOREIGN BODY |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION** | | |
| 27380 | 2 | REPAIR OF KNEECAP TENDON |
| 27381 | 5 | REPAIR/GRAFT KNEECAP TENDON |
| 27385 | 5 | REPAIR OF THIGH MUSCLE |
| 27386 | 5 | REPAIR/GRAFT OF THIGH MUSCLE |
| 27390 | 2 | INCISION OF THIGH TENDON |
| 27391 | 4 | INCISION OF THIGH TENDONS |
| 27392 | 5 | INCISION OF THIGH TENDONS |
| 27393 | 4 | LENGTHENING OF THIGH TENDON |
| 27394 | 5 | LENGTHENING OF THIGH TENDONS |
| 27395 | 5 | LENGTHENING OF THIGH TENDONS |
| 27396 | 5 | TRANSPLANT OF THIGH TENDON |
| 27397 | 5 | TRANSPLANTS OF THIGH TENDONS |
| 27400 | 5 | REVISE THIGH MUSCLES/TENDONS |
| 27403 | 6 | REPAIR OF KNEE CARTILAGE |
| 27405 | 6 | REPAIR OF KNEE LIGAMENT |
| 27407 | 6 | REPAIR OF KNEE LIGAMENT |
| 27409 | 6 | REPAIR OF KNEE LIGAMENTS |
| 27418 | 5 | REPAIR DEGENERATED KNEECAP |
| 27420 | 5 | REVISION OF UNSTABLE KNEECAP |
| 27422 | 9 | REVISION OF UNSTABLE KNEECAP |
| 27424 | 5 | REVISION/REMOVAL OF KNEECAP |
| 27425 | 9 | LATERAL RETINACULAR RELEASE |
| 27427 | 5 | RECONSTRUCTION, KNEE |
| 27428 | 6 | RECONSTRUCTION, KNEE |
| 27429 | 6 | RECONSTRUCTION, KNEE |
| 27430 | 6 | REVISION OF THIGH MUSCLES |
| 27435 | 6 | INCISION OF KNEE JOINT |
| 27437 | 6 | REVISE KNEECAP |
| 27438 | 7 | REVISE KNEECAP WITH IMPLANT |
| 27440[20] | 7 | REVISION OF KNEE JOINT |
| 27441 | 7 | REVISION OF KNEE JOINT |
| 27442 | 7 | REVISION OF KNEE JOINT |
| 27443 | 7 | REVISION OF KNEE JOINT |
| 27496[19] | 7 | DECOMPRESSION OF THIGH/KNEE |
| 27497[19] | 5 | DECOMPRESSION OF THIGH/KNEE |
| 27498[19] | 5 | DECOMPRESSION OF THIGH/KNEE |
| 27499[19] | 5 | DECOMPRESSION OF THIGH/KNEE |
| **CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS** | | |
| 27500 | 2 | TREATMENT OF THIGH FRACTURE |
| 27501 | 4 | TREATMENT OF THIGH FRACTURE |
| 27502 | 4 | TREATMENT OF THIGH FRACTURE |
| 27503 | 5 | TREATMENT OF THIGH FRACTURE |
| 27507[20] | 6 | TREATMENT OF THIGH FRACTURE |
| 27508 | 2 | TREATMENT OF THIGH FRACTURE |
| 27509 | 5 | TREATMENT OF THIGH FRACTURE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 27510 | 2 | TREATMENT OF THIGH FRACTURE |
| 27511[20] | 6 | TREATMENT OF THIGH FRACTURE |
| 27513[20] | 7 | TREATMENT OF THIGH FRACTURE |
| 27516 | 2 | TREAT THIGH FX GROWTH PLATE |
| 27517 | 2 | TREAT THIGH FX GROWTH PLATE |
| 27520 | 2 | TREAT KNEECAP FRACTURE |
| 27524[20] | 5 | TREAT KNEECAP FRACTURE |
| 27530 | 2 | TREAT KNEE FRACTURE |
| 27532 | 2 | TREAT KNEE FRACTURE |
| 27535[20] | 5 | TREAT KNEE FRACTURE |
| 27538 | 2 | TREAT KNEE FRACTURE(S) |
| 27550 | 2 | TREAT KNEE DISLOCATION |
| 27552 | 2 | TREAT KNEE DISLOCATION |
| 27560 | 1 | TREAT KNEECAP DISLOCATION |
| 27562 | 2 | TREAT KNEECAP DISLOCATION |
| 27566 | 4 | TREAT KNEECAP DISLOCATION |
| **CPT SUBSECTION: MANIPULATION** | | |
| 27570 | 2 | FIXATION OF KNEE JOINT |
| **CPT SUBSECTION: AMPUTATION** | | |
| 27594[19] | 5 | AMPUTATION FOLLUP-UP SURGERY |
| **LEG (TIBIA AND FIBULA) AND ANKLE JOINT** | | |
| **CPT SUBSECTION: INCISION** | | |
| 27600[19] | 5 | DECOMPRESSION OF LOWER LEG |
| 27601[19] | 5 | DECOMPRESSION OF LOWER LEG |
| 27602[19] | 5 | DECOMPRESSION OF LOWER LEG |
| 27603 | 4 | DRAIN LOWER LEG LESION |
| 27604 | 4 | DRAIN LOWER LEG BURSA |
| 27605 | 2 | INCISION OF ACHILLES TENDON |
| 27606 | 2 | INCISION OF ACHILLES TENDON |
| 27607 | 4 | TREAT LOWER LEG BONE LESION |
| 27610 | 4 | EXPLORE/TREAT ANKLE JOINT |
| 27612 | 5 | EXPLORATION OF ANKLE JOINT |
| **CPT SUBSECTION: EXCISION** | | |
| 27613[20] | 2 | BIOPSY LOWER LEG SOFT TISSUE |
| 27614 | 4 | BIOPSY LOWER LEG SOFT TISSUE |
| 27615 | 5 | REMOVE TUMOR, LOWER LEG |
| 27618 | 4 | REMOVE LOWER LEG LESION |
| 27619 | 5 | REMOVE LOWER LEG LESION |
| 27620 | 6 | EXPLORE/TREAT ANKLE JOINT |
| 27625 | 6 | REMOVE ANKLE JOINT LINING |
| 27626 | 6 | REMOVE ANKLE JOINT LINING |
| 27630 | 5 | REMOVAL OF TENDON LESION |
| 27635 | 5 | REMOVE LOWER LEG BONE LESION |
| 27637 | 5 | REMOVE/GRAFT LEG BONE LESION |
| 27638 | 5 | REMOVE/GRAFT LEG BONE LESION |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 27640 | 4 | PARTIAL REMOVAL OF TIBIA |
| 27641 | 4 | PARTIAL REMOVAL OF FIBULA |
| 27647[19] | 5 | EXTENSIVE ANKLE/HEEL SURGERY |
| **CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION** | | |
| 27650 | 5 | REPAIR ACHILLES TENDON |
| 27652 | 5 | REPAIR/GRAFT ACHILLES TENDON |
| 27654 | 5 | REPAIR OF ACHILLES TENDON |
| 27656 | 4 | REPAIR LEG FASCIA DEFECT |
| 27658 | 2 | REPAIR OF LEG TENDON, EACH |
| 27659 | 4 | REPAIR OF LEG TENDON, EACH |
| 27664 | 4 | REPAIR OF LEG TENDON, EACH |
| 27665 | 4 | REPAIR OF LEG TENDON, EACH |
| 27675 | 4 | REPAIR LOWER LEG TENDONS |
| 27676 | 5 | REPAIR LOWER LEG TENDONS |
| 27680 | 5 | RELEASE OF LOWER LEG TENDON |
| 27681 | 4 | RELEASE OF LOWER LEG TENDONS |
| 27685 | 5 | REVISION OF LOWER LEG TENDON |
| 27686 | 5 | REVISE LOWER LEG TENDONS |
| 27687 | 5 | REVISION OF CALF TENDON |
| 27690 | 6 | REVISE LOWER LEG TENDON |
| 27691 | 6 | REVISE LOWER LEG TENDON |
| 27692 | 5 | REVISE ADDITIONAL LEG TENDON |
| 27695 | 4 | REPAIR OF ANKLE LIGAMENT |
| 27696 | 4 | REPAIR OF ANKLE LIGAMENTS |
| 27698 | 4 | REPAIR OF ANKLE LIGAMENT |
| 27700 | 7 | REVISION OF ANKLE JOINT |
| 27704 | 4 | REMOVAL OF ANKLE IMPLANT |
| 27705 | 4 | INCISION OF TIBIA |
| 27707 | 4 | INCISION OF FIBULA |
| 27709 | 4 | INCISION OF TIBIA & FIBULA |
| 27715[20] | 6 | REVISION OF LOWER LEG |
| 27730 | 4 | REPAIR OF TIBIA EPIPHYSIS |
| 27732 | 4 | REPAIR OF FIBULA EPIPHYSIS |
| 27734 | 4 | REPAIR LOWER LEG EPIPHYSES |
| 27740 | 4 | REPAIR OF LEG EPIPHYSES |
| 27742 | 4 | REPAIR OF LEG EPIPHYSES |
| 27745 | 5 | REINFORCE TIBIA |
| **CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS** | | |
| 27750 | 1 | TREATMENT OF TIBIA FRACTURE |
| 27752 | 2 | TREATMENT OF TIBIA FRACTURE |
| 27756 | 5 | TREATMENT OF TIBIA FRACTURE |
| 27758 | 6 | TREATMENT OF TIBIA FRACTURE |
| 27759 | 6 | TREATMENT OF TIBIA FRACTURE |
| 27760 | 1 | TREATMENT OF ANKLE FRACTURE |
| 27762 | 2 | TREATMENT OF ANKLE FRACTURE |
| 27766 | 5 | TREATMENT OF ANKLE FRACTURE |

* The number following the procedure code is the TRICARE payment group.

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 27780 | 2 | TREATMENT OF FIBULA FRACTURE |
| 27781 | 2 | TREATMENT OF FIBULA FRACTURE |
| 27784 | 5 | TREATMENT OF FIBULA FRACTURE |
| 27786 | 1 | TREATMENT OF ANKLE FRACTURE |
| 27788 | 2 | TREATMENT OF ANKLE FRACTURE |
| 27792 | 5 | TREATMENT OF ANKLE FRACTURE |
| 27808 | 2 | TREATMENT OF ANKLE FRACTURE |
| 27810 | 2 | TREATMENT OF ANKLE FRACTURE |
| 27814 | 5 | TREATMENT OF ANKLE FRACTURE |
| 27816 | 2 | TREATMENT OF ANKLE FRACTURE |
| 27818 | 2 | TREATMENT OF ANKLE FRACTURE |
| 27822 | 5 | TREATMENT OF ANKLE FRACTURE |
| 27823 | 5 | TREATMENT OF ANKLE FRACTURE |
| 27824 | 2 | TREAT LOWER LEG FRACTURE |
| 27825 | 4 | TREAT LOWER LEG FRACTURE |
| 27826 | 5 | TREAT LOWER LEG FRACTURE |
| 27827 | 5 | TREAT LOWER LEG FRACTURE |
| 27828 | 6 | TREAT LOWER LEG FRACTURE |
| 27829 | 4 | TREAT LOWER LEG JOINT |
| 27830 | 2 | TREAT LOWER LEG DISLOCATION |
| 27831 | 2 | TREAT LOWER LEG DISLOCATION |
| 27832 | 4 | TREAT LOWER LEG DISLOCATION |
| 27840 | 2 | TREAT ANKLE DISLOCATION |
| 27842 | 2 | TREAT ANKLE DISLOCATION |
| 27846 | 5 | TREAT ANKLE DISLOCATION |
| 27848 | 5 | TREAT ANKLE DISLOCATION |
| **CPT SUBSECTION: MANIPULATION** | | |
| 27860 | 2 | FIXATION OF ANKLE JOINT |
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 27870 | 6 | FUSION OF ANKLE JOINT |
| 27871 | 6 | FUSION OF TIBIOFIBULAR JOINT |
| **CPT SUBSECTION: AMPUTATION** | | |
| 27884 | 5 | AMPUTATION FOLLOW-UP SURGERY |
| 27889[19] | 5 | AMPUTATION OF FOOT AT ANKLE |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 27892[19] | 5 | DECOMPRESSION OF LEG |
| 27893[19] | 5 | DECOMPRESSION OF LEG |
| 27894[19] | 5 | DECOMPRESSION OF LEG |
| **FOOT** | | |
| **CPT SUBSECTION: INCISION** | | |
| 28002 | 5 | TREATMENT OF FOOT INFECTION |
| 28003 | 5 | TREATMENT OF FOOT INFECTION |
| 28005 | 5 | TREAT FOOT BONE LESION |
| 28008 | 5 | INCISION OF FOOT FASCIA |
| 28011[19] | 5 | INCISION OF TOE TENDONS |

* The number following the procedure code is the TRICARE payment group.

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 28020 | 4 | EXPLORATION OF FOOT JOINT |
| 28022[19] | 4 | EXPLORATION OF FOOT JOINT |
| 28024[19] | 4 | EXPLORATION OF TOE JOINT |
| 28030 | 6 | REMOVAL OF FOOT NERVE |
| 28035 | 6 | DECOMPRESSION OF TIBIA NERVE |
| **CPT SUBSECTION: EXCISION** | | |
| 28043 | 4 | EXCISION OF FOOT LESION |
| 28045 | 6 | EXCISION OF FOOT LESION |
| 28046 | 5 | RESECTION OF TUMOR, FOOT |
| 28050 | 4 | BIOPSY OF FOOT JOINT LINING |
| 28052[19] | 4 | BIOPSY OF FOOT JOINT LINING |
| 28054 | 4 | BIOPSY OF TOE JOINT LINING |
| 28060 | 4 | PARTIAL REMOVAL, FOOT FASCIA |
| 28062 | 5 | REMOVAL OF FOOT FASCIA |
| 28070 | 5 | REMOVAL OF FOOT JOINT LINING |
| 28072 | 5 | REMOVAL OF FOOT JOINT LINING |
| 28080 | 7 | REMOVAL OF FOOT LESION |
| 28086 | 4 | EXCISE FOOT TENDON SHEATH |
| 28088 | 4 | EXCISE FOOT TENDON SHEATH |
| 28090 | 6 | REMOVAL OF FOOT LESION |
| 28092 | 5 | REMOVAL OF TOE LESIONS |
| 28100 | 4 | REMOVAL OF ANKLE/HEEL LESION |
| 28102 | 5 | REMOVE/GRAFT FOOT LESION |
| 28103 | 5 | REMOVE/GRAFT FOOT LESION |
| 28104 | 4 | REMOVAL OF FOOT LESION |
| 28106 | 5 | REMOVE/GRAFT FOOT LESION |
| 28107 | 5 | REMOVE/GRAFT FOOT LESION |
| 28110 | 5 | PART REMOVAL OF METATARSAL |
| 28111 | 5 | PART REMOVAL OF METATARSAL |
| 28112 | 5 | PART REMOVAL OF METATARSAL |
| 28113 | 5 | PART REMOVAL OF METATARSAL |
| 28114 | 5 | REMOVAL OF METATARSAL HEADS |
| 28116 | 5 | REVISION OF FOOT |
| 28118 | 6 | REMOVAL OF HEEL BONE |
| 28119 | 8 | REMOVAL OF HEEL SPUR |
| 28120 | 9 | PART REMOVAL OF ANKLE/HEEL |
| 28122 | 5 | PARTIAL REMOVAL OF FOOT BONE |
| 28126[19] | 5 | PARTIAL REMOVAL OF TOE |
| 28130 | 5 | REMOVAL OF ANKLE BONE |
| 28140 | 5 | REMOVAL OF METATARSAL |
| 28150 | 5 | REMOVAL OF TOE |
| 28153[19] | 5 | PARTIAL REMOVAL OF TOE |
| 28160[19] | 5 | PARTIAL REMOVAL OF TOE |
| 28171 | 5 | EXTENSIVE FOOT SURGERY |
| 28173 | 5 | EXTENSIVE FOOT SURGERY |
| 28175 | 5 | EXTENSIVE FOOT SURGERY |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 28192 | 4 | REMOVAL OF FOOT FOREIGN BODY |
| 28193 | 6 | REMOVAL OF FOOT FOREIGN BODY |
| **CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION** | | |
| 28200 | 5 | REPAIR OF FOOT TENDON |
| 28202 | 5 | REPAIR/GRAFT OF FOOT TENDON |
| 28208 | 5 | REPAIR OF FOOT TENDON |
| 28210 | 5 | REPAIR/GRAFT OF FOOT TENDON |
| 28222 | 2 | RELEASE OF FOOT TENDONS |
| 28225 | 2 | RELEASE OF FOOT TENDON |
| 28226 | 2 | RELEASE OF FOOT TENDONS |
| 28234[19] | 4 | INCISION OF FOOT TENDON |
| 28236[7] | 4 | TRANSFER OF TENDON, ANTERIOR TIBIAL INTO TARSAL BONE |
| 28238 | 5 | REVISION OF FOOT TENDON |
| 28240 | 4 | RELEASE OF BIG TOE |
| 28250 | 5 | REVISION OF FOOT FASCIA |
| 28260 | 5 | RELEASE OF MIDFOOT JOINT |
| 28261 | 5 | REVISION OF FOOT TENDON |
| 28262 | 6 | REVISION OF FOOT AND ANKLE |
| 28264 | 2 | RELEASE OF MIDFOOT JOINT |
| 28270[19] | 5 | RELEASE OF FOOT CONTRACTURE |
| 28280 | 4 | FUSION OF TOES |
| 28285 | 7 | REPAIR OF HAMMERTOE |
| 28286 | 6 | REPAIR OF HAMMERTOE |
| 28288 | 7 | PARTIAL REMOVAL OF FOOT BONE |
| 28289[19] | 5 | REPAIR HALLUX RIGIDUS |
| 28290 | 6 | CORRECTION OF BUNION |
| 28292 | 7 | CORRECTION OF BUNION |
| 28293 | 5 | CORRECTION OF BUNION |
| 28294 | 5 | CORRECTION OF BUNION |
| 28296 | 9 | CORRECTION OF BUNION |
| 28297 | 5 | CORRECTION OF BUNION |
| 28298 | 5 | CORRECTION OF BUNION |
| 28299 | 7 | CORRECTION OF BUNION |
| 28300 | 4 | INCISION OF HEEL BONE |
| 28302 | 4 | INCISION OF ANKLE BONE |
| 28304 | 4 | INCISION OF MIDFOOT BONES |
| 28305 | 5 | INCISE/GRAFT MIDFOOT BONES |
| 28306 | 6 | INCISION OF METATARSAL |
| 28307[2] | 6 | INCISION OF METATARSAL |
| 28308 | 7 | INCISION OF METATARSAL |
| 28309 | 6 | INCISION OF METATARSALS |
| 28310 | 5 | REVISION OF BIG TOE |
| 28312 | 5 | REVISION OF TOE |
| 28313 | 4 | REPAIR DEFORMITY OF TOE |
| 28315 | 6 | REMOVAL OF SESAMOID BONE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 28320 | 6 | REPAIR OF FOOT BONES |
| 28322 | 6 | REPAIR OF METATARSALS |
| 28340[2] | 6 | RESECT ENLARGED TOE TISSUE |
| 28341[2] | 6 | RESECT ENLARGED TOE |
| 28344[2] | 6 | REPAIR EXTRA TOE(S) |
| 28345[2] | 6 | REPAIR WEBBED TOE(S) |
| **CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS** | | |
| 28400 | 2 | TREATMENT OF HEEL FRACTURE |
| 28405 | 4 | TREATMENT OF HEEL FRACTURE |
| 28406 | 4 | TREATMENT OF HEEL FRACTURE |
| 28415 | 5 | TREAT HEEL FRACTURE |
| 28420 | 6 | TREAT/GRAFT HEEL FRACTURE |
| 28435 | 4 | TREATMENT OF ANKLE FRACTURE |
| 28436 | 4 | TREATMENT OF ANKLE FRACTURE |
| 28445 | 5 | TREAT ANKLE FRACTURE |
| 28456[2] | 4 | TREAT MIDFOOT FRACTURE |
| 28465 | 5 | TREAT MIDFOOT FRACTURE, EACH |
| 28476 | 4 | TREAT METATARSAL FRACTURE |
| 28485 | 6 | TREAT METATARSAL FRACTURE |
| 28496 | 4 | TREAT BIG TOE FRACTURE |
| 28505 | 5 | TREAT BIG TOE FRACTURE |
| 28525 | 5 | TREAT TOE FRACTURE |
| 28531[19] | 5 | TREAT SESAMOID BONE FRACTURE |
| 28545 | 2 | TREAT FOOT DISLOCATION |
| 28546 | 4 | TREAT FOOT DISLOCATION |
| 28555 | 4 | REPAIR FOOT DISLOCATION |
| 28575 | 2 | TREAT FOOT DISLOCATION |
| 28576 | 5 | TREAT FOOT DISLOCATION |
| 28585 | 5 | REPAIR FOOT DISLOCATION |
| 28605 | 2 | TREAT FOOT DISLOCATION |
| 28606 | 4 | TREAT FOOT DISLOCATION |
| 28615 | 5 | REPAIR FOOT DISLOCATION |
| 28635 | 2 | TREAT TOE DISLOCATION |
| 28636 | 5 | TREAT TOE DISLOCATION |
| 28645 | 5 | REPAIR TOE DISLOCATION |
| 28665 | 2 | TREAT TOE DISLOCATION |
| 28666 | 5 | TREAT TOE DISLOCATION |
| 28675 | 5 | REPAIR OF TOE DISLOCATION |
| **CPT SUBSECTION: ARTHRODESIS** | | |
| 28705 | 6 | FUSION OF FOOT BONES |
| 28715 | 6 | FUSION OF FOOT BONES |
| 28725 | 6 | FUSION OF FOOT BONES |
| 28730 | 6 | FUSION OF FOOT BONES |
| 28735 | 6 | FUSION OF FOOT BONES |
| 28737 | 7 | REVISION OF FOOT BONES |
| 28740 | 6 | FUSION OF FOOT BONES |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 28750 | 6 | FUSION OF BIG TOE JOINT |
| 28755 | 6 | FUSION OF BIG TOE JOINT |
| 28760 | 6 | FUSION OF BIG TOE JOINT |
| **CPT SUBSECTION: AMPUTATION** | | |
| 28810 | 4 | AMPUTATION TOE & METATARSAL |
| 28820 | 4 | AMPUTATION OF TOE |
| 28825 | 4 | PARTIAL AMPUTATION OF TOE |
| **CPT SUBSECTION: ARTHROSCOPY** | | |
| 29800[19] | 5 | JAW ARTHROSCOPY/SURGERY |
| 29804[2] | 5 | JAW ARTHROSCOPY/SURGERY |
| 29805[16] | 5 | SHOULDER ARTHROSCOPY, DX |
| 29806[16] | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29807[16] | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29815 | 5 | SHOULDER ARTHROSCOPY |
| 29819 | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29820 | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29821 | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29822 | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29823 | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29824[16] | 7 | SHOULDER ARTHROSCOPY/SURGERY |
| 29825 | 5 | SHOULDER ARTHROSCOPY/SURGERY |
| 29826 | 10 | SHOULDER ARTHROSCOPY/SURGERY |
| 29827[19] | 7 | ARTHROSCOPY ROTATOR CUFF REPR |
| 29830 | 5 | ELBOW ARTHROSCOPY |
| 29834 | 5 | ELBOW ARTHROSCOPY/SURGERY |
| 29835 | 5 | ELBOW ARTHROSCOPY/SURGERY |
| 29836 | 5 | ELBOW ARTHROSCOPY/SURGERY |
| 29837 | 5 | ELBOW ARTHROSCOPY/SURGERY |
| 29838 | 5 | ELBOW ARTHROSCOPY/SURGERY |
| 29840 | 5 | WRIST ARTHROSCOPY |
| 29843 | 5 | WRIST ARTHROSCOPY/SURGERY |
| 29844 | 5 | WRIST ARTHROSCOPY/SURGERY |
| 29845 | 5 | WRIST ARTHROSCOPY/SURGERY |
| 29846 | 5 | WRIST ARTHROSCOPY/SURGERY |
| 29847 | 5 | WRIST ARTHROSCOPY/SURGERY |
| 29848[19] | 10 | WRIST ENDOSCOPY/SURGERY |
| 29850 | 6 | KNEE ARTHROSCOPY/SURGERY |
| 29851 | 6 | KNEE ARTHROSCOPY/SURGERY |
| 29855 | 6 | TIBIAL ARTHROSCOPY/SURGERY |
| 29856 | 6 | TIBIAL ARTHROSCOPY/SURGERY |
| 29860[19] | 6 | HIP ARTHORSCOPY, DX |
| 29861[19] | 6 | HIP ARTHORSCOPY/SURGERY |
| 29862[19] | 10 | HIP ARTHORSCOPY/SURGERY |
| 29863[19] | 6 | HIP ARTHORSCOPY/SURGERY |
| 29870 | 9 | KNEE ARTHROSCOPY, DX |
| 29871 | 5 | KNEE ARTHROSCOPY/DRAINAGE |

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## MUSCULOSKELETAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 29874 | 9 | KNEE ARTHROSCOPY/SURGERY |
| 29875 | 9 | KNEE ARTHROSCOPY/SURGERY |
| 29876 | 10 | KNEE ARTHROSCOPY/SURGERY |
| 29877 | 9 | KNEE ARTHROSCOPY/SURGERY |
| 29879 | 9 | KNEE ARTHROSCOPY/SURGERY |
| 29880 | 10 | KNEE ARTHROSCOPY/SURGERY |
| 29881 | 9 | KNEE ARTHROSCOPY/SURGERY |
| 29882 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29883 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29884 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29885 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29886 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29887 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29888 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29889 | 5 | KNEE ARTHROSCOPY/SURGERY |
| 29891[19] | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29892[19] | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29893[19] | 10 | SCOPE, PLANTAR FASCIOTOMY |
| 29894 | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29895 | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29897 | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29898 | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29899[19] | 5 | ANKLE ARTHROSCOPY/SURGERY |
| 29900[16] | 5 | MCP JOINT ARTHROSCOPY, DX |
| 29901[16] | 5 | MCP JOINT ARTHROSCOPY, SURG |
| 29902[16] | 5 | MCP JOINT ARTHROSCOPY, SURG |

## RESPIRATORY SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **NOSE** |
| **CPT SUBSECTION: EXCISION** | | |
| 30115 | 4 | REMOVAL OF NOSE POLYP(S) |
| 30117 | 5 | REMOVAL OF INTRANASAL LESION |
| 30118 | 5 | REMOVAL OF INTRANASAL LESION |
| 30120 | 3 | REVISION OF NOSE |
| 30124[20] | 2 | REMOVAL OF NOSE LESION |
| 30125 | 4 | REMOVAL OF NOSE LESION |
| 30130 | 5 | REMOVAL OF TURBINATE BONES |
| 30140 | 4 | REMOVAL OF TURBINATE BONES |
| 30150 | 5 | PARTIAL REMOVAL OF NOSE |
| 30160 | 6 | REMOVAL OF NOSE |
| **CPT SUBSECTION: REMOVAL FOREIGN BODY** | | |
| 30310 | 2 | REMOVE NASAL FOREIGN BODY |
| 30320 | 4 | REMOVE NASAL FOREIGN BODY |

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## RESPIRATORY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: REPAIR** | | |
| 30400 | 6 | RECONSTRUCTION OF NOSE |
| 30410 | 7 | RECONSTRUCTION OF NOSE |
| 30420 | 9 | RECONSTRUCTION OF NOSE |
| 30430 | 5 | REVISION OF NOSE |
| 30435 | 7 | REVISION OF NOSE |
| 30450 | 9 | REVISION OF NOSE |
| 30460[19] | 9 | REVISION OF NOSE |
| 30462[19] | 10 | REVISION OF NOSE |
| 30465[19] | 10 | REPAIR NASAL STENOSIS |
| 30520 | 8 | REPAIR OF NASAL SEPTUM |
| 30540 | 7 | REPAIR NASAL DEFECT |
| 30545[19] | 7 | REPAIR NASAL DEFECT |
| 30560 | 4 | RELEASE OF NASAL ADHESIONS |
| 30580 | 6 | REPAIR UPPER JAW FISTULA |
| 30600 | 6 | REPAIR MOUTH/NOSE FISTULA |
| 30620 | 9 | INTRANASAL RECONSTRUCTION |
| 30630 | 9 | REPAIR NASAL SEPTUM DEFECT |
| 30801 | 2 | CAUTERIZATION, INNER NOSE |
| 30802 | 2 | CAUTERIZATION, INNER NOSE |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 30903 | 1 | CONTROL OF NOSEBLEED |
| 30905 | 1 | CONTROL OF NOSEBLEED |
| 30906 | 2 | REPEAT CONTROL OF NOSEBLEED |
| 30915 | 4 | LIGATION, NASAL SINUS ARTERY |
| 30920 | 5 | LIGATION, UPPER JAW ARTERY |
| 30930[19] | 6 | THERAPY FRACTURE OF NOSE |
| | **ACCESSORY SINUSES** | |
| **CPT SUBSECTION: INCISION** | | |
| 31020 | 4 | EXPLORATION, MAXILLARY SINUS |
| 31030 | 5 | EXPLORATION, MAXILLARY SINUS |
| 31032 | 6 | EXPLORE SINUS,REMOVE POLYPS |
| 31050 | 4 | EXPLORATION, SPHENOID SINUS |
| 31051 | 6 | SPHENOID SINUS SURGERY |
| 31070 | 4 | EXPLORATION OF FRONTAL SINUS |
| 31075 | 6 | EXPLORATION OF FRONTAL SINUS |
| 31080 | 6 | REMOVAL OF FRONTAL SINUS |
| 31081[19] | 6 | REMOVAL OF FRONTAL SINUS |
| 31084[2] | 6 | REMOVAL OF FRONTAL SINUS |
| 31085[19] | 6 | REMOVAL OF FRONTAL SINUS |
| 31086 | 6 | REMOVAL OF FRONTAL SINUS |
| 31087[19] | 6 | REMOVAL OF FRONTAL SINUS |
| 31090 | 9 | EXPLORATION OF SINUSES |
| **CPT SUBSECTION: EXCISION** | | |
| 31200 | 4 | REMOVAL OF ETHMOID SINUS |

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## RESPIRATORY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 31201 | 7 | REMOVAL OF ETHMOID SINUS |
| 31205 | 5 | REMOVAL OF ETHMOID SINUS |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 31233 | 4 | NASAL/SINUS ENDOSCOPY, DX |
| 31235 | 2 | NASAL/SINUS ENDOSCOPY, DX |
| 31237 | 4 | NASAL/SINUS ENDOSCOPY, SURG |
| 31238 | 2 | NASAL/SINUS ENDOSCOPY, SURG |
| 31239 | 6 | NASAL/SINUS ENDOSCOPY, SURG |
| 31240 | 4 | NASAL/SINUS ENDOSCOPY, SURG |
| 31245[3] | 5 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT REMOVAL OF POLYP(S); |
| 31246[3] | 5 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT REMOVAL OF POLYP(S); WITH ANTROSTOMY |
| 31247[3] | 5 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT REMOVAL OF POLYP(S); WITH ANTROSTOMY AND REMOVAL OF ANTRAL MUCOSAL DISEASE |
| 31248[3] | 5 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION |
| 31249[3] | 5 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION AND ANTROSTOMY |
| 31251[3] | 5 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH OSTEOMEATAL COMPLEX (OMC) RESECTION AND/OR ANTERIOR ETHMOIDECTOMY, WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION, ANTROSTOMY, AND REMOVAL OF ANTRAL MUCOSAL DISEASE |
| 31254[1] | 5 | REVISION OF ETHMOID SINUS |
| 31255[1] | 7 | REMOVAL OF ETHMOID SINUS |
| 31256[1] | 5 | EXPLORATION MAXILLARY SINUS |
| 31261[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE), WITH OR WITHOUT REMOVAL OF POLYP(S); |

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## RESPIRATORY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 31262[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH ANTROSTOMY |
| 31264[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH ANTROSTOMY AND REMOVAL OF ANTRAL MUCOSAL DISEASE |
| 31266[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION |
| 31267[1] | 5 | ENDOSCOPY, MAXILLARY SINUS |
| 31269[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION AND ANTROSTOMY |
| 31271[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY (APE), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION, ANTROSTOMY, AND REMOVAL OF ANTRAL MUCOSAL DISEASE |
| 31276[1] | 5 | SINUS ENDOSCOPY, SURGICAL |
| 31280[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND SPHENOIDOTOMY (APS), WITH OR WITHOUT REMOVAL OF POLYP(S); |
| 31281[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND SPHENOIDOTOMY (APS), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH ANTROSTOMY |
| 31282[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND SPHENOIDOTOMY (APS), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH ANTROSTOMY AND REMOVAL OF ANTRAL MUCOSAL DISEASE |
| 31283[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND SPHENOIDOTOMY (APS), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION |
| 31284[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND SPHENOIDOTOMY (APS), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION AND ANTROSTOMY |

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## RESPIRATORY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 31286[3] | 7 | NASAL/SINUS ENDOSCOPY, SURGICAL, WITH ANTERIOR AND POSTERIOR ETHMOIDECTOMY AND SPHENOIDOTOMY (APS), WITH OR WITHOUT REMOVAL OF POLYP(S); WITH FRONTAL SINUS EXPLORATION, ANTROSTOMY AND REMOVAL OF ANTRAL MUCOSAL DISEASE |
| 31287 | 5 | NASAL/SINUS ENDOSCOPY, SURG |
| 31288 | 5 | NASAL/SINUS ENDOSCOPY, SURG |
| | | **LARYNX** |
| **CPT SUBSECTION: EXCISION** | | |
| 31300 | 7 | REMOVAL OF LARYNX LESION |
| 31320 | 4 | DIAGNOSTIC INCISION, LARYNX |
| 31400[19] | 4 | REVISION OF LARYNX |
| 31420[19] | 4 | REMOVAL OF EPIGLOTTIS |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 31510 | 4 | LARYNGOSCOPY WITH BIOPSY |
| 31511 | 4 | REMOVE FOREIGN BODY, LARYNX |
| 31512 | 4 | REMOVAL OF LARYNX LESION |
| 31513 | 4 | INJECTION INTO VOCAL CORD |
| 31515 | 2 | LARYNGOSCOPY FOR ASPIRATION |
| 31525 | 2 | DIAGNOSTIC LARYNGOSCOPY |
| 31526 | 4 | DIAGNOSTIC LARYNGOSCOPY |
| 31527 | 2 | LARYNGOSCOPY FOR TREATMENT |
| 31528 | 4 | LARYNGOSCOPY AND DILATION |
| 31529 | 4 | LARYNGOSCOPY AND DILATION |
| 31530 | 4 | OPERATIVE LARYNGOSCOPY |
| 31531 | 5 | OPERATIVE LARYNGOSCOPY |
| 31535 | 6 | OPERATIVE LARYNGOSCOPY |
| 31536 | 6 | OPERATIVE LARYNGOSCOPY |
| 31540 | 6 | OPERATIVE LARYNGOSCOPY |
| 31541 | 7 | OPERATIVE LARYNGOSCOPY |
| 31560 | 7 | OPERATIVE LARYNGOSCOPY |
| 31561 | 7 | OPERATIVE LARYNGOSCOPY |
| 31570 | 4 | LARYNGOSCOPY WITH INJECTION |
| 31571 | 4 | LARYNGOSCOPY WITH INJECTION |
| 31576 | 4 | LARYNGOSCOPY WITH BIOPSY |
| 31577 | 4 | REMOVE FOREIGN BODY, LARYNX |
| 31578 | 4 | REMOVAL OF LARYNX LESION |
| 31580 | 7 | REVISION OF LARYNX |
| 31582 | 7 | REVISION OF LARYNX |
| 31584[20] | 6 | TREAT LARYNX FRACTURE |
| 31585 | 2 | TREAT LARYNX FRACTURE |
| 31586 | 4 | TREAT LARYNX FRACTURE |
| 31588 | 7 | REVISION OF LARYNX |
| 31590 | 7 | REINNERVATE LARYNX |

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## RESPIRATORY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: DESTRUCTION** | | |
| 31595 | 4 | LARYNX NERVE SURGERY |
| | | **TRACHEA AND BRONCHI** |
| **CPT SUBSECTION: INCISION** | | |
| 31600[20] | 4 | INCISION OF WINDPIPE |
| 31611 | 5 | SURGERY/SPEECH PROSTHESIS |
| 31612 | 2 | PUNCTURE/CLEAR WINDPIPE |
| 31613 | 4 | REPAIR WINDPIPE OPENING |
| 31614 | 4 | REPAIR WINDPIPE OPENING |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 31615 | 2 | VISUALIZATION OF WINDPIPE |
| 31622 | 4 | DX BRONCHOSCOPE/WASH |
| 31623[19] | 4 | DX BRONCHOSCOPE/BRUSH |
| 31624[19] | 4 | DX BRONCHOSCOPE/LAVAGE |
| 31625 | 5 | BRONCHOSCOPY WITH BIOPSY |
| 31628 | 6 | BRONCHOSCOPY WITH BIOPSY |
| 31629 | 4 | BRONCHOSCOPY WITH BIOPSY |
| 31630 | 4 | BRONCHOSCOPY WITH REPAIR |
| 31631 | 4 | BRONCHOSCOPY WITH DILATION |
| 31635 | 4 | REMOVE FOREIGN BODY, AIRWAY |
| 31640 | 4 | BRONCHOSCOPY & REMOVE LESION |
| 31641 | 4 | BRONCHOSCOPY, TREAT BLOCKAGE |
| 31643[19] | 4 | DIAG BRONCHOSCOPE/CATHETER |
| 31645 | 5 | BRONCHOSCOPY, CLEAR AIRWAYS |
| 31646 | 2 | BRONCHOSCOPY, RECLEAR AIRWAY |
| 31656 | 2 | BRONCHOSCOPY, INJ FOR XRAY |
| 31659[3] | 2 | BRONCHOSCOPY; WITH OTHER BRONCHOSCOPIC PROCEDURES |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 31700 | 2 | INSERTION OF AIRWAY CATHETER |
| 31710[20] | 2 | INSERTION OF AIRWAY CATHETER |
| 31715[20] | 2 | INJECTION FOR BRONCHUS X-RAY |
| 31717 | 2 | BRONCHIAL BRUSH BIOPSY |
| 31720 | 2 | CLEARANCE OF AIRWAYS |
| 31730 | 2 | INTRO, WINDPIPE WIRE/TUBE |
| **CPT SUBSECTION: REPAIR** | | |
| 31750 | 7 | REPAIR OF WINDPIPE |
| 31755 | 4 | REPAIR OF WINDPIPE |
| 31785[20] | 6 | REMOVE WINDPIPE LESION |
| **CPT SUBSECTION: SUTURE** | | |
| 31800[20] | 4 | REPAIR OF WINDPIPE INJURY |
| 31820 | 2 | CLOSURE OF WINDPIPE LESION |
| 31825 | 4 | REPAIR OF WINDPIPE DEFECT |
| 31830 | 4 | REVISE WINDPIPE SCAR |

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## RESPIRATORY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **LUNGS AND PLEURA** |
| **CPT SUBSECTION: INCISION** | | |
| 32000 | 2 | DRAINAGE OF CHEST |
| 32002[20] | 4 | TREATMENT OF COLLAPSED LUNG |
| 32005[20] | 4 | TREAT LUNG LINING CHEMICALLY |
| 32020[20] | 4 | INSERTION OF CHEST TUBE |
| **CPT SUBSECTION: EXCISION** | | |
| 32400 | 2 | NEEDLE BIOPSY CHEST LINING |
| 32405 | 5 | BIOPSY, LUNG OR MEDIASTINUM |
| 32420 | 2 | PUNCTURE/CLEAR LUNG |

## CARDIOVASCULAR SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **HEART AND PERICARDIUM** |
| **CPT SUBSECTION: PERICARDIUM** | | |
| 33010 | 4 | DRAINAGE OF HEART SAC |
| 33011 | 4 | REPEAT DRAINAGE OF HEART SAC |
| **CPT SUBSECTION: PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR** | | |
| 33222[19] | 4 | REVISE POCKET, PACEMAKER |
| 33223[19] | 4 | REVISE POCKET, PACING-DEFIB |
| | | **ARTERIES AND VEINS** |
| **CPT SUBSECTION: ARTERIAL EMBOLECTOMY OR THROMBECTOMY** | | |
| 34101[20] | 5 | REMOVAL OF ARTERY CLOT |
| **CPT SUBSECTION: REPAIR ARTERIOVENOUS FISTULA** | | |
| 35188[19] | 6 | REPAIR BLOOD VESSEL LESION |
| **CPT SUBSECTION: REPAIR BLOOD VESSEL OTHER THAN FOR FISTULA, WITH OR WITHOUT PATCH ANGIOPLASTY** | | |
| 35207[19] | 6 | REPAIR BLOOD VESSEL LESION |
| **CPT SUBSECTION: EXPLORATION/REVISION** | | |
| 35875[19] | 10 | REMOVAL OF CLOT IN GRAFT |
| 35876[19] | 10 | REMOVAL OF CLOT IN GRAFT |
| **CPT SUBSECTION: INTRA-ARTERIAL-INTRA-AORTIC** | | |
| 36260[19] | 5 | INSERTION OF INFUSION PUMP |
| 36261 | 4 | REVISION OF INFUSION PUMP |
| 36262 | 2 | REMOVAL OF INFUSION PUMP |
| **CPT SUBSECTION: VENOUS** | | |
| 36488 | 4 | INSERTION OF CATHETER, VEIN |
| 36489 | 4 | INSERTION OF CATHETER, VEIN |
| 36490 | 5 | INSERTION OF CATHETER, VEIN |
| 36491 | 5 | INSERTION OF CATHETER, VEIN |
| 36522[4] | 4 | PHOTOPHERESIS |

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## CARDIOVASCULAR SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 36530 | 5 | INSERTION OF INFUSION PUMP |
| 36531 | 4 | REVISION OF INFUSION PUMP |
| 36532 | 2 | REMOVAL OF INFUSION PUMP |
| 36533 | 6 | INSERTION OF ACCESS DEVICE |
| 36534 | 4 | REVISION OF ACCESS DEVICE |
| 36535 | 2 | REMOVAL OF ACCESS DEVICE |
| **CPT SUBSECTION: ARTERIAL** | | |
| 36640 | 2 | INSERTION CATHETER, ARTERY |
| **CPT SUBSECTION: INTERVASCULAR CANNULIZATION OR SHUNT (SEPARATE PROCEDURE)** | | |
| 36800 | 5 | INSERTION OF CANNULA |
| 36810 | 5 | INSERTION OF CANNULA |
| 36815 | 5 | INSERTION OF CANNULA |
| 36819[16] | 5 | AV FUSION/UPPR ARM VEIN |
| 36820[16] | 5 | AV FUSION/FOREARM VEIN |
| 36821 | 5 | AV FUSION DIRECT ANY SITE |
| 36825 | 6 | ARTERY-VEIN GRAFT |
| 36830 | 6 | ARTERY-VEIN GRAFT |
| 36831[19] | 10 | OPEN THROMBECT AV FISTULA |
| 36832 | 6 | AV FISTULA REVISION, OPEN |
| 36833[13] | 6 | AV FISTULA REVISION |
| 36835 | 6 | ARTERY TO VEIN SHUNT |
| 36840[3] | 6 | INSERTION MANDRIL |
| 36845[3] | 6 | ANASTOMOSIS MANDRIL |
| 36860 | 4 | EXTERNAL CANNULA DECLOTTING |
| 36861 | 5 | CANNULA DECLOTTING |
| 36870[19] | 10 | PERCUT THROMBECT AV FISTULA |
| **CPT SUBSECTION: LIGATION AND OTHER PROCEDURES** | | |
| 37607[19] | 5 | LIGATION OF A-V FISTULA |
| 37609 | 4 | TEMPORAL ARTERY PROCEDURE |
| 37650[19] | 4 | REVISION OF MAJOR VEIN |
| 37700 | 4 | REVISE LEG VEIN |
| 37720 | 7 | REMOVAL OF LEG VEIN |
| 37730 | 5 | REMOVAL OF LEG VEINS |
| 37735 | 5 | REMOVAL OF LEG VEINS/LESION |
| 37760 | 5 | REVISION OF LEG VEINS |
| 37780 | 5 | REVISION OF LEG VEIN |
| 37785 | 5 | REVISE SECONDARY VARICOSITY |
| 37790[19] | 5 | PENILE VENOUS OCCLUSION |

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## HEMIC AND LYMPHATIC SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **NODES AND LYMPHATIC CHANNELS** |
| **CPT SUBSECTION: INCISION** | | |
| 38300 | 2 | DRAINAGE, LYMPH NODE LESION |
| 38305 | 4 | DRAINAGE, LYMPH NODE LESION |
| 38308 | 4 | INCISION OF LYMPH CHANNELS |
| **CPT SUBSECTION: EXCISION** | | |
| 38500 | 3 | BIOPSY/REMOVAL, LYMPH NODES |
| 38505 | 2 | NEEDLE BIOPSY, LYMPH NODES |
| 38510 | 5 | BIOPSY/REMOVAL, LYMPH NODES |
| 38520 | 4 | BIOPSY/REMOVAL, LYMPH NODES |
| 38525 | 6 | BIOPSY/REMOVAL, LYMPH NODES |
| 38530 | 4 | BIOPSY/REMOVAL, LYMPH NODES |
| 38542 | 4 | EXPLORE DEEP NODE(S), NECK |
| 38550 | 5 | REMOVAL, NECK/ARMPIT LESION |
| 38555 | 6 | REMOVAL, NECK/ARMPIT LESION |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 38570[19] | 10 | LAPAROSCOPY, LYMPH NODE BIOP |
| 38571[19] | 10 | LAPAROSCOPY, LYMPHADENECTOMY |
| 38572[19] | 10 | LAPAROSCOPY, LYMPHADENECTOMY |
| **CPT SUBSECTION: RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)** | | |
| 38700[20] | 4 | REMOVAL OF LYMPH NODES, NECK |
| 38740 | 4 | REMOVE ARMPIT LYMPH NODES |
| 38745 | 6 | REMOVE ARMPIT LYMPH NODES |
| 38760 | 4 | REMOVE GROIN LYMPH NODES |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 38790[20] | 2 | INJECT FOR LYMPHATIC X-RAY |

## DIGESTIVE SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **LIPS** |
| **CPT SUBSECTION: EXCISION** | | |
| 40500 | 4 | PARTIAL EXCISION OF LIP |
| 40510 | 4 | PARTIAL EXCISION OF LIP |
| 40520 | 4 | PARTIAL EXCISION OF LIP |
| 40525 | 4 | RECONSTRUCT LIP WITH FLAP |
| 40527 | 4 | RECONSTRUCT LIP WITH FLAP |
| 40530 | 4 | PARTIAL REMOVAL OF LIP |
| **CPT SUBSECTION: REPAIR (CHEILOPLASTY)** | | |
| 40650 | 5 | REPAIR LIP |
| 40652 | 5 | REPAIR LIP |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 40654 | 5 | REPAIR LIP |
| 40700[19] | 9 | REPAIR CLEFT LIP/NASAL |
| 40701[19] | 9 | REPAIR CLEFT LIP/NASAL |
| 40720[19] | 9 | REPAIR CLEFT LIP/NASAL |
| 40761[19] | 5 | REPAIR CLEFT LIP/NASAL |
| **VESTIBULE OF MOUTH** | | |
| **CPT SUBSECTION: INCISION** | | |
| 40801 | 4 | DRAINAGE OF MOUTH LESION |
| 40805[20] | 4 | REMOVAL, FOREIGN BODY, MOUTH |
| 40806[20] | 2 | INCISION OF LIP FOLD |
| **CPT SUBSECTION: EXCISION, DESTRUCTION** | | |
| 40814 | 4 | EXCISE/REPAIR MOUTH LESION |
| 40816 | 4 | EXCISION OF MOUTH LESION |
| 40818 | 2 | EXCISE ORAL MUCOSA FOR GRAFT |
| 40819 | 2 | EXCISE LIP OR CHEEK FOLD |
| 40820[20] | 2 | TREATMENT OF MOUTH LESION |
| **CPT SUBSECTION: REPAIR** | | |
| 40831 | 2 | REPAIR MOUTH LACERATION |
| 40840 | 4 | RECONSTRUCTION OF MOUTH |
| 40842 | 5 | RECONSTRUCTION OF MOUTH |
| 40843 | 5 | RECONSTRUCTION OF MOUTH |
| 40844 | 7 | RECONSTRUCTION OF MOUTH |
| 40845 | 7 | RECONSTRUCTION OF MOUTH |
| **TONGUE, FLOOR OF MOUTH** | | |
| **CPT SUBSECTION: INCISION** | | |
| 41000[20] | 2 | DRAINAGE OF MOUTH LESION |
| 41005 | 2 | DRAINAGE OF MOUTH LESION |
| 41006 | 2 | DRAINAGE OF MOUTH LESION |
| 41007 | 2 | DRAINAGE OF MOUTH LESION |
| 41008 | 2 | DRAINAGE OF MOUTH LESION |
| 41009 | 2 | DRAINAGE OF MOUTH LESION |
| 41010 | 2 | INCISION OF TONGUE FOLD |
| 41015 | 2 | DRAINAGE OF MOUTH LESION |
| 41016 | 2 | DRAINAGE OF MOUTH LESION |
| 41017 | 2 | DRAINAGE OF MOUTH LESION |
| 41018 | 2 | DRAINAGE OF MOUTH LESION |
| **CPT SUBSECTION: EXCISION** | | |
| 41105[20] | 4 | BIOPSY OF TONGUE |
| 41110[20] | 2 | EXCISION OF TONGUE LESION |
| 41112 | 4 | EXCISION OF TONGUE LESION |
| 41113 | 4 | EXCISION OF TONGUE LESION |
| 41114 | 4 | EXCISION OF TONGUE LESION |
| 41115[20] | 2 | EXCISION OF TONGUE FOLD |
| 41116 | 2 | EXCISION OF MOUTH LESION |
| 41120 | 7 | PARTIAL REMOVAL OF TONGUE |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: REPAIR** | | |
| 41250 | 4 | REPAIR TONGUE LACERATION |
| 41251 | 4 | REPAIR TONGUE LACERATION |
| 41252 | 4 | REPAIR TONGUE LACERATION |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 41500 | 2 | FIXATION OF TONGUE |
| 41510 | 2 | TONGUE TO LIP SURGERY |
| 41520 | 4 | RECONSTRUCTION, TONGUE FOLD |
| | | **DENTOALVEOLAR STRUCTURES** |
| **CPT SUBSECTION: INCISION** | | |
| 41800 | 2 | DRAINAGE OF GUM LESION |
| 41805[20] | 2 | REMOVAL FOREIGN BODY, GUM |
| 41806[20] | 2 | REMOVAL FOREIGN BODY,JAWBONE |
| **CPT SUBSECTION: EXCISION, DESTRUCTION** | | |
| 41827 | 4 | EXCISION OF GUM LESION |
| | | **PALATE, UVULA** |
| **CPT SUBSECTION: INCISION** | | |
| 42000 | 4 | DRAINAGE MOUTH ROOF LESION |
| **CPT SUBSECTION: EXCISION, DESTRUCTION** | | |
| 42104[20] | 4 | EXCISION LESION, MOUTH ROOF |
| 42106[20] | 4 | EXCISION LESION, MOUTH ROOF |
| 42107 | 4 | EXCISION LESION, MOUTH ROOF |
| 42120 | 6 | REMOVE PALATE/LESION |
| 42140 | 4 | EXCISION OF UVULA |
| 42145 | 7 | REPAIR PALATE, PHARYNX/UVULA |
| 42160[20] | 2 | TREATMENT MOUTH ROOF LESION |
| **CPT SUBSECTION: REPAIR** | | |
| 42180 | 2 | REPAIR PALATE |
| 42182 | 4 | REPAIR PALATE |
| 42200 | 7 | RECONSTRUCT CLEFT PALATE |
| 42205 | 7 | RECONSTRUCT CLEFT PALATE |
| 42210 | 7 | RECONSTRUCT CLEFT PALATE |
| 42215 | 9 | RECONSTRUCT CLEFT PALATE |
| 42220 | 7 | RECONSTRUCT CLEFT PALATE |
| 42225[20] | 7 | RECONSTRUCT CLEFT PALATE |
| 42226[19] | 7 | LENGTHENING OF PALATE |
| 42235 | 7 | REPAIR PALATE |
| 42260 | 6 | REPAIR NOSE TO LIP FISTULA |
| 42281[20] | 5 | PREPARATION, PALATE MOLD |
| | | **SALIVARY GLAND AND DUCTS** |
| **CPT SUBSECTION: INCISION** | | |
| 42300 | 2 | DRAINAGE OF SALIVARY GLAND |
| 42305 | 4 | DRAINAGE OF SALIVARY GLAND |
| 42310 | 2 | DRAINAGE OF SALIVARY GLAND |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 42320 | 2 | DRAINAGE OF SALIVARY GLAND |
| 42325 | 4 | CREATE SALIVARY CYST DRAIN |
| 42335[20] | 5 | REMOVAL OF SALIVARY STONE |
| 42340 | 4 | REMOVAL OF SALIVARY STONE |
| **CPT SUBSECTION: EXCISION** | | |
| 42405 | 4 | BIOPSY OF SALIVARY GLAND |
| 42408 | 5 | EXCISION OF SALIVARY CYST |
| 42409 | 5 | DRAINAGE OF SALIVARY CYST |
| 42410 | 5 | EXCISE PAROTID GLAND/LESION |
| 42415[19] | 9 | EXCISE PAROTID GLAND/LESION |
| 42420 | 9 | EXCISE PAROTID GLAND/LESION |
| 42425 | 9 | EXCISE PAROTID GLAND/LESION |
| 42440 | 5 | EXCISE SUBMAXILLARY GLAND |
| 42450 | 4 | EXCISE SUBLINGUAL GLAND |
| **CPT SUBSECTION: REPAIR** | | |
| 42500 | 5 | REPAIR SALIVARY DUCT |
| 42505 | 6 | REPAIR SALIVARY DUCT |
| 42507 | 5 | PAROTID DUCT DIVERSION |
| 42508 | 6 | PAROTID DUCT DIVERSION |
| 42509 | 6 | PAROTID DUCT DIVERSION |
| 42510 | 6 | PAROTID DUCT DIVERSION |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 42600 | 2 | CLOSURE OF SALIVARY FISTULA |
| **PHARYNX, ADENOIDS, AND TONSILS** | | |
| **CPT SUBSECTION: INCISION** | | |
| 42700 | 2 | DRAINAGE OF TONSIL ABSCESS |
| 42720 | 2 | DRAINAGE OF THROAT ABSCESS |
| 42725 | 4 | DRAINAGE OF THROAT ABSCESS |
| **CPT SUBSECTION: EXCISION, DESTRUCTION** | | |
| 42802 | 2 | BIOPSY OF THROAT |
| 42804 | 2 | BIOPSY OF UPPER NOSE/THROAT |
| 42806 | 4 | BIOPSY OF UPPER NOSE/THROAT |
| 42808 | 4 | EXCISE PHARYNX LESION |
| 42810 | 5 | EXCISION OF NECK CYST |
| 42815 | 7 | EXCISION OF NECK CYST |
| 42820 | 6 | REMOVE TONSILS AND ADENOIDS |
| 42821 | 7 | REMOVE TONSILS AND ADENOIDS |
| 42825 | 6 | REMOVAL OF TONSILS |
| 42826 | 6 | REMOVAL OF TONSILS |
| 42830 | 5 | REMOVAL OF ADENOIDS |
| 42831 | 6 | REMOVAL OF ADENOIDS |
| 42835 | 6 | REMOVAL OF ADENOIDS |
| 42836 | 6 | REMOVAL OF ADENOIDS |
| 42860 | 5 | EXCISION OF TONSIL TAGS |
| 42870 | 5 | EXCISION OF LINGUAL TONSIL |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 42880[10] | 7 | EXCISION NASOPHARYNGEAL LESION (E.G., FIBROMA) |
| 42890[19] | 9 | PARTIAL REMOVAL OF PHARYNX |
| 42892[19] | 9 | REVISION OF PHARYNGEAL WALLS |
| **CPT SUBSECTION: REPAIR** | | |
| 42900 | 2 | REPAIR THROAT WOUND |
| 42950 | 4 | RECONSTRUCTION OF THROAT |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 42955 | 4 | SURGICAL OPENING OF THROAT |
| 42960 | 2 | CONTROL THROAT BLEEDING |
| 42962 | 4 | CONTROL THROAT BLEEDING |
| 42972[19] | 5 | CONTROL NOSE/THROAT BLEEDING |
| | | **ESOPHAGUS** |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 43200 | 1 | ESOPHAGUS ENDOSCOPY |
| 43201[19] | 2 | ESOPH SCOPE W/ SUBMUCOUS INJ |
| 43202 | 1 | ESOPHAGUS ENDOSCOPY, BIOPSY |
| 43204 | 1 | ESOPHAGUS ENDOSCOPY & INJECT |
| 43205[19] | 2 | ESOPHAGUS ENDOSCOPY/LIGATION |
| 43215 | 1 | ESOPHAGUS ENDOSCOPY |
| 43216 | 2 | ESOPHAGUS ENDOSCOPY/LESION |
| 43217 | 2 | ESOPHAGUS ENDOSCOPY |
| 43219 | 2 | ESOPHAGUS ENDOSCOPY |
| 43220 | 2 | ESOPH ENDOSCOPY, DILATION |
| 43226 | 2 | ESOPH ENDOSCOPY, DILATION |
| 43227 | 4 | ESOPH ENDOSCOPY, REPAIR |
| 43228 | 4 | ESOPH ENDOSCOPY, ABLATION |
| 43231[19] | 4 | ESOPH ENDOSCOPY W/ US EXAM |
| 43232[19] | 4 | ESOPH ENDOSCOPY W/ US FN BX |
| 43234 | 1 | UPPER GI ENDOSCOPY, EXAM |
| 43235 | 1 | UPPR GI ENDOSCOPY, DIAGNOSIS |
| 43236[19] | 4 | UPPR GI SCOPY W/ SUBMUC INJ |
| 43239 | 2 | UPPER GI ENDOSCOPY, BIOPSY |
| 43240[19] | 4 | ESOPH ENDOSCOPE W/ DRAIN CYST |
| 43241 | 4 | UPPER GI ENDOSCOPY WITH TUBE |
| 43242[19] | 4 | UPPR GI ENDOSCOPY W/ US FN BX |
| 43243 | 4 | UPPER GI ENDOSCOPY & INJECT |
| 43244[19] | 4 | UPPER GI ENDOSCOPY/LIGATION |
| 43245 | 2 | OPERATIVE UPPER GI ENDOSCOPY |
| 43246 | 4 | PLACE GASTROSTOMY TUBE |
| 43247 | 3 | OPERATIVE UPPER GI ENDOSCOPY |
| 43248 | 4 | UPPR GI ENDOSCOPY/GUIDE WIRE |
| 43249[8] | 4 | ESOPH ENDOSCOPY, DILATION |
| 43250 | 4 | UPPER GI ENDOSCOPY/TUMOR |
| 43251 | 3 | OPERATIVE UPPER GI ENDOSCOPY |
| 43255 | 4 | OPERATIVE UPPER GI ENDOSCOPY |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 43256[19] | 4 | UPPR GI ENDOSCOPY W STENT |
| 43258 | 5 | OPERATIVE UPPER GI ENDOSCOPY |
| 43259[2] | 5 | ENDOSCOPIC ULTRASOUND EXAM |
| 43260 | 5 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43261 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43262 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43263 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43264 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43265 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43267 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43268 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43269 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43271 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| 43272 | 4 | ENDO CHOLANGIOPANCREATOGRAPH |
| **CPT SUBSECTION: MANIPULATION** | | |
| 43450 | 1 | DILATE ESOPHAGUS |
| 43453 | 1 | DILATE ESOPHAGUS |
| 43456 | 4 | DILATE ESOPHAGUS |
| 43458 | 4 | DILATE ESOPHAGUS |
| | | **STOMACH** |
| **CPT SUBSECTION: EXCISION** | | |
| 43600 | 2 | BIOPSY OF STOMACH |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 43653[19] | 10 | LAPAROSCOPY, GASTROSTOMY |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 43750 | 4 | PLACE GASTROSTOMY TUBE |
| 43760 | 1 | CHANGE GASTROSTOMY TUBE |
| **CPT SUBSECTION: SUTURE** | | |
| 43870 | 2 | REPAIR STOMACH OPENING |
| | | **INTESTINES (EXCEPT RECTUM)** |
| **CPT SUBSECTION: EXCISION** | | |
| 44100 | 2 | BIOPSY OF BOWEL |
| **CPT SUBSECTION: ENTEROSTOMY - EXTERNAL FISTULIZATION OF INTESTINES** | | |
| 44312 | 2 | REVISION OF ILEOSTOMY |
| 44340 | 5 | REVISION OF COLOSTOMY |
| 44345[20] | 6 | REVISION OF COLOSTOMY |
| 44346[20] | 6 | REVISION OF COLOSTOMY |
| **CPT SUBSECTION: ENDOSCOPY, SMALL BOWEL AND STOMAL** | | |
| 44360 | 4 | SMALL BOWEL ENDOSCOPY |
| 44361 | 4 | SMALL BOWEL ENDOSCOPY/BIOPSY |
| 44363 | 4 | SMALL BOWEL ENDOSCOPY |
| 44364 | 4 | SMALL BOWEL ENDOSCOPY |
| 44365 | 4 | SMALL BOWEL ENDOSCOPY |
| 44366 | 4 | SMALL BOWEL ENDOSCOPY |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 44369 | 4 | SMALL BOWEL ENDOSCOPY |
| 44370[19] | 10 | SMALL BOWEL ENDOSCOPY/STENT |
| 44372 | 4 | SMALL BOWEL ENDOSCOPY |
| 44373 | 4 | SMALL BOWEL ENDOSCOPY |
| 44376[19] | 4 | SMALL BOWEL ENDOSCOPY |
| 44377[19] | 4 | SMALL BOWEL ENDOSCOPY/BIOPSY |
| 44378[19] | 4 | SMALL BOWEL ENDOSCOPY |
| 44379[19] | 10 | S BOWEL ENDOSCOPE W/ STENT |
| 44380 | 2 | SMALL BOWEL ENDOSCOPY |
| 44382 | 2 | SMALL BOWEL ENDOSCOPY |
| 44383[19] | 10 | ILEOSCOPY W/ STENT |
| 44385 | 2 | ILEOSCOPY W/STENT |
| 44386 | 2 | ENDOSCOPY, BOWEL POUCH/BIOP |
| 44388 | 2 | COLON ENDOSCOPY |
| 44389 | 2 | COLONOSCOPY WITH BIOPSY |
| 44390 | 2 | COLONOSCOPY FOR FOREIGN BODY |
| 44391 | 2 | COLONOSCOPY FOR BLEEDING |
| 44392 | 2 | COLONOSCOPY & POLYPECTOMY |
| 44393 | 2 | COLONOSCOPY, LESION REMOVAL |
| 44394 | 2 | COLONOSCOPY W/SNARE |
| | | **RECTUM** |
| **CPT SUBSECTION: INCISION** | | |
| 45000 | 2 | DRAINAGE OF PELVIC ABSCESS |
| 45005 | 4 | DRAINAGE OF RECTAL ABSCESS |
| 45020 | 4 | DRAINAGE OF RECTAL ABSCESS |
| **CPT SUBSECTION: EXCISION** | | |
| 45100 | 2 | BIOPSY OF RECTUM |
| 45108 | 4 | REMOVAL OF ANORECTAL LESION |
| 45150 | 4 | EXCISION OF RECTAL STRICTURE |
| 45160[19] | 4 | EXCISION OF RECTAL LESION |
| 45170 | 4 | EXCISION OF RECTAL LESION |
| 45180[3] | 5 | EXCISION AND/OR ELECTRODESICCATION OF MALIGNANT TUMOR OF RECTUM, TRANSANAL APPROACH |
| **CPT SUBSECTION: DESTRUCTION** | | |
| 45190[19] | 10 | DESTRUCTION, RECTAL TUMOR |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 45305 | 2 | PROTOSIGMOIDOSCOPY W/BX |
| 45307 | 2 | PROTOSIGMOIDOSCOPY FB |
| 45308 | 2 | PROTOSIGMOIDOSCOPY REMOVAL |
| 45309 | 2 | PROTOSIGMOIDOSCOPY REMOVAL |
| 45315 | 2 | PROTOSIGMOIDOSCOPY REMOVAL |
| 45317 | 2 | PROTOSIGMOIDOSCOPY BLEED |
| 45320 | 2 | PROTOSIGMOIDOSCOPY ABLATE |
| 45321 | 2 | PROTOSIGMOIDOSCOPY VOLVUL |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 45331 | 1 | SIGMOIDOSCOPY AND BIOPSY |
| 45332 | 2 | SIGMOIDOSCOPY W/FB REMOVAL |
| 45333 | 2 | SIGMOIDOSCOPY & POLYPECTOMY |
| 45334 | 2 | SIGMOIDOSCOPY FOR BLEEDING |
| 45335[19] | 2 | SIGMOIDOSCOPE W/SUBMUB INJ |
| 45337 | 2 | SIGMOIDOSCOPY & DECOMPRESS |
| 45338 | 2 | SIGMOIDOSCPY W/TUMR REMOVE |
| 45339 | 2 | SIGMOIDOSCOPY W/ABLATE TUMR |
| 45340[19] | 2 | SIG W/BALLOON DILATION |
| 45355 | 2 | SURGICAL COLONOSCOPY |
| 45378 | 2 | DIAGNOSTIC COLONOSCOPY |
| 45379 | 4 | COLONOSCOPY W/FB REMOVAL |
| 45380 | 3 | COLONOSCOPY AND BIOPSY |
| 45381[19] | 4 | COLONOSCOPE, SUBMUCOUS INJ |
| 45382 | 4 | COLONOSCOPY/CONTROL BLEEDING |
| 45383 | 3 | LESION REMOVAL COLONOSCOPY |
| 45384 | 4 | LESION REMOVE COLONOSCOPY |
| 45385 | 3 | LESION REMOVAL COLONOSCOPY |
| 45386[19] | 4 | COLONOSCOPE DILATE STRICTURE |
| **CPT SUBSECTION: REPAIR** | | |
| 45500 | 4 | REPAIR OF RECTUM |
| 45505 | 4 | REPAIR OF RECTUM |
| 45560 | 4 | REPAIR OF RECTOCELE |
| **CPT SUBSECTION: MANIPULATION** | | |
| 45900 | 2 | REDUCTION OF RECTAL PROLAPSE |
| 45905 | 2 | DILATION OF ANAL SPHINCTER |
| 45910 | 2 | DILATION OF RECTAL NARROWING |
| 45915 | 2 | REMOVE RECTAL OBSTRUCTION |
| **ANUS** | | |
| **CPT SUBSECTION: INCISION** | | |
| 46020[16] | 5 | PLACEMENT OF SETON |
| 46030 | 2 | REMOVAL OF RECTAL MARKER |
| 46040 | 5 | INCISION OF RECTAL ABSCESS |
| 46045 | 4 | INCISION OF RECTAL ABSCESS |
| 46050 | 2 | INCISION OF ANAL ABSCESS |
| 46060 | 4 | INCISION OF RECTAL ABSCESS |
| 46080 | 5 | INCISION OF ANAL SPHINCTER |
| **CPT SUBSECTION: EXCISION** | | |
| 46200 | 6 | REMOVAL OF ANAL FISSURE |
| 46210 | 4 | REMOVAL OF ANAL CRYPT |
| 46211 | 4 | REMOVAL OF ANAL CRYPTS |
| 46220 | 2 | REMOVAL OF ANAL TAB |
| 46250 | 5 | HEMORRHOIDECTOMY |
| 46255 | 7 | HEMORRHOIDECTOMY |
| 46257 | 5 | REMOVE HEMORRHOIDS & FISSURE |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 46258 | 5 | REMOVE HEMORRHOIDS & FISTULA |
| 46260 | 9 | HEMORRHOIDECTOMY |
| 46261 | 6 | REMOVE HEMORRHOIDS & FISSURE |
| 46262 | 6 | REMOVE HEMORRHOIDS & FISTULA |
| 46270 | 5 | REMOVAL OF ANAL FISTULA |
| 46275 | 5 | REMOVAL OF ANAL FISTULA |
| 46280 | 6 | REMOVAL OF ANAL FISTULA |
| 46285 | 2 | REMOVAL OF ANAL FISTULA |
| 46288[19] | 6 | REPAIR ANAL FISTULA |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 46608 | 2 | ANOSCOPY/ REMOVE FOR BODY |
| 46610 | 2 | ANOSCOPY/REMOVE LESION |
| 46611 | 2 | ANOSCOPY |
| 46612 | 2 | ANOSCOPY/ REMOVE LESIONS |
| 46615[19] | 4 | ANOSCOPY |
| **CPT SUBSECTION: REPAIR** | | |
| 46700 | 5 | REPAIR OF ANAL STRICTURE |
| 46705 | 5 | REPAIR OF ANAL STRICTURE |
| 46750 | 5 | REPAIR OF ANAL SPHINCTER |
| 46753 | 5 | RECONSTRUCTION OF ANUS |
| 46754 | 4 | REMOVAL OF SUTURE FROM ANUS |
| 46760 | 4 | REPAIR OF ANAL SPHINCTER |
| 46761[19] | 5 | REPAIR OF ANAL SPHINCTER |
| 46762[19] | 9 | IMPLANT ARTIFICIAL SPHINCTER |
| **CPT SUBSECTION: DESTRUCTION** | | |
| 46917[19] | 2 | LASER SURGERY, ANAL LESIONS |
| **CPT SUBSECTION: DESTRUCTION** | | |
| 46922 | 2 | EXCISION OF ANAL LESION(S) |
| 46924 | 2 | DESTRUCTION, ANAL LESION(S) |
| 46937 | 4 | CRYOTHERAPY OF RECTAL LESION |
| 46938 | 4 | CRYOTHERAPY OF RECTAL LESION |
| **LIVER** | | |
| **CPT SUBSECTION: INCISION** | | |
| 47000 | 3 | NEEDLE BIOPSY OF LIVER |
| **BILIARY TRACT** | | |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 47510 | 4 | INSERT CATHETER, BILE DUCT |
| 47511[19] | 10 | INSERT BILE DUCT DRAIN |
| 47525 | 2 | CHANGE BILE DUCT CATHETER |
| 47530 | 2 | REVISE/REINSERT BILE TUBE |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 47552 | 4 | BILIARY ENDOSCOPY THRU SKIN |
| 47553 | 5 | BILIARY ENDOSCOPY THRU SKIN |
| 47554 | 5 | BILIARY ENDOSCOPY THRU SKIN |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 47555 | 5 | BILIARY ENDOSCOPY THRU SKIN |
| 47556[19] | 10 | BILIARY ENDOSCOPY THRU SKIN |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 47560[13] | 5 | LAPAROSCOPY W/CHOLANGIO |
| 47561[13] | 5 | LAPARO W/CHOLANGIO/BIOPSY |
| **CPT SUBSECTION: EXCISION** | | |
| 47630 | 5 | REMOVE BILE DUCT STONE |
| | | **PANCREAS** |
| **CPT SUBSECTION: EXCISION** | | |
| 48102 | 2 | NEEDLE BIOPSY, PANCREAS |
| | | **ABDOMEN, PERITONEUM, AND OMENTUM** |
| **CPT SUBSECTION: INCISION** | | |
| 49000[20] | 6 | EXPLORATION OF ABDOMEN |
| 49080 | 2 | PUNCTURE, PERITONEAL CAVITY |
| 49081 | 4 | REMOVAL OF ABDOMINAL FLUID |
| 49085 | 4 | REMOVE ABDOMEN FOREIGN BODY |
| **CPT SUBSECTION: EXCISION AND DESTRUCTION** | | |
| 49180 | 2 | BIOPSY, ABDOMINAL MASS |
| 49250[2] | 6 | EXCISION OF UMBILICUS |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 49320[13] | 6 | DIAG LAPARO SEPARATE PROC |
| 49321[13] | 7 | LAPAROSCOPY, BIOPSY |
| 49322[13] | 6 | LAPAROSCOPY, ASPIRATION |
| **CPT SUBSECTION: INTRODUCTION AND REVISION** | | |
| 49400[20] | 2 | AIR INJECTION INTO ABDOMEN |
| 49420 | 2 | INSERT ABDOMINAL DRAIN |
| 49421 | 2 | INSERT ABDOMINAL DRAIN |
| 49422[19] | 2 | REMOVE PERM CANNULA/CATHETER |
| 49425[20] | 4 | INSERT ABDOMEN-VENOUS DRAIN |
| 49426 | 4 | REVISE ABDOMEN-VENOUS SHUNT |
| **CPT SUBSECTION: HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY** | | |
| 49495[19] | 6 | RPR ING HERNIA BABY, REDUC |
| 49496[19] | 6 | RPR ING HERNIA BABY, BLOCKED |
| 49500 | 7 | RPR ING HERNIA, INIT, REDUCE |
| 49501[19] | 10 | RPR ING HERNIA, INIT BLOCKED |
| 49505 | 7 | RPR I/HERN INIT REDUC > 5 YR |
| 49507[19] | 10 | RPR I/HERN INIT BLOCK > 5 YR |
| 49520 | 8 | REREPAIR ING HERNIA, REDUCE |
| 49521[19] | 10 | REREPAIR ING HERNIA, BLOCKED |
| 49525 | 6 | REPAIR ING HERNIA, SLIDING |
| 49540 | 4 | REPAIR LUMBAR HERNIA |
| 49550 | 7 | RPR FEM HERNIA, INIT, REDUCE |
| 49553[19] | 10 | RPR FEM HERNIA, INIT BLOCKED |
| 49555 | 7 | REREPAIR FEM HERNIA, REDUCE |

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## DIGESTIVE SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 49557[19] | 10 | REREPAIR FEM HERNIA, BLOCKED |
| 49560 | 9 | RPR VENTRAL HERN INIT, REDUC |
| 49561[19] | 10 | RPR VENTRAL HERN INIT, BLOCK |
| 49565 | 6 | REREPAIR VENTRL HERN, REDUCE |
| 49566[19] | 10 | REREPAIR VENTRL HERN, BLOCK |
| 49568[19] | 9 | HERNIA REPAIR W/MESH |
| 49570 | 6 | RPR EPIGASTRIC HERN, REDUCE |
| 49572[19] | 10 | RPR EPIGASTRIC HERN, BLOCK |
| 49580 | 7 | RPR UMBIL HERN, REDUC < 5 YR |
| 49582[19] | 10 | RPR UMBIL HERN, BLOCK < 5 YR |
| 49585 | 5 | RPR UMBIL HERN, REDUC > 5 YR |
| 49587[19] | 10 | RPR UMBIL HERN, BLOCK > 5 YR |
| 49590 | 5 | REPAIR SPIGELIAN HERNIA |
| 49600[19] | 6 | REPAIR UMBILICAL LESION |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 49650[13] | 6 | LAPARO HERNIA REPAIR INITIAL |
| 49651[13] | 9 | LAPARO HERNIA REPAIR RECUR |

## URINARY SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **KIDNEY** |
| **CPT SUBSECTION: INCISION** | | |
| 50020[20] | 4 | RENAL ABSCESS, OPEN DRAIN |
| 50040[20] | 5 | DRAINAGE OF KIDNEY |
| **CPT SUBSECTION: EXCISION** | | |
| 50200 | 2 | BIOPSY OF KIDNEY |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 50390 | 2 | DRAINAGE OF KIDNEY LESION |
| 50392 | 2 | INSERT KIDNEY DRAIN |
| 50393 | 2 | INSERT URETERAL TUBE |
| 50395 | 2 | CREATE PASSAGE TO KIDNEY |
| 50396 | 2 | MEASURE KIDNEY PRESSURE |
| 50398 | 2 | CHANGE KIDNEY TUBE |
| **CPT SUBSECTION: SUTURE** | | |
| 50520[20] | 2 | CLOSE KIDNEY-SKIN FISTULA |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 50551 | 2 | KIDNEY ENDOSCOPY |
| 50553 | 2 | KIDNEY ENDOSCOPY |
| 50555 | 2 | KIDNEY ENDOSCOPY & BIOPSY |
| 50557 | 2 | KIDNEY ENDOSCOPY & TREATMENT |
| 50559 | 2 | RENAL ENDOSCOPY/RADIOTRACER |
| 50561 | 2 | KIDNEY ENDOSCOPY & TREATMENT |
| 50570[20] | 2 | KIDNEY ENDOSCOPY |

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## URINARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 50572[20] | 2 | KIDNEY ENDOSCOPY |
| 50574[20] | 2 | KIDNEY ENDOSCOPY & BIOPSY |
| 50576[20] | 2 | KIDNEY ENDOSCOPY & TREATMENT |
| 50578[20] | 2 | RENAL ENDOSCOPY/RADIOTRACER |
| 50580[20] | 2 | KIDNEY ENDOSCOPY & TREATMENT |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 50590[11] | 11 | FRAGMENTING OF KIDNEY STONE |
| **URETER** | | |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 50684[20] | 2 | INJECTION FOR URETER X-RAY |
| 50688 | 2 | CHANGE OF URETER TUBE |
| 50690[20] | 2 | INJECTION FOR URETER X-RAY |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 50947[19] | 10 | LAPARO NEW URETER/BLADDER |
| 50948[19] | 10 | LAPARO NEW URETER/BLADDER |
| **CPT SUBSECTION: ENDOSCOPY** | | |
| 50951 | 2 | ENDOSCOPY OF URETER |
| 50953 | 2 | ENDOSCOPY OF URETER |
| 50955 | 2 | URETER ENDOSCOPY & BIOPSY |
| 50957 | 2 | URETER ENDOSCOPY & TREATMENT |
| 50959 | 2 | URETER ENDOSCOPY & TRACER |
| 50961 | 2 | URETER ENDOSCOPY & TREATMENT |
| 50970 | 2 | URETER ENDOSCOPY |
| 50972 | 2 | URETER ENDOSCOPY & CATHETER |
| 50974 | 2 | URETER ENDOSCOPY & BIOPSY |
| 50976 | 2 | URETER ENDOSCOPY & TREATMENT |
| 50978 | 2 | URETER ENDOSCOPY & TRACER |
| 50980 | 2 | URETER ENDOSCOPY & TREATMENT |
| **BLADDER** | | |
| **CPT SUBSECTION: INCISION** | | |
| 51005[20] | 2 | DRAINAGE OF BLADDER |
| 51010 | 2 | DRAINAGE OF BLADDER |
| 51020 | 6 | INCISE & TREAT BLADDER |
| 51030 | 6 | INCISE & TREAT BLADDER |
| 51040[2] | 6 | INCISE & DRAIN BLADDER |
| 51045 | 6 | INCISE BLADDER/DRAIN URETER |
| 51050[19] | 6 | REMOVAL OF BLADDER STONE |
| 51065[19] | 6 | REMOVE URETER CALCULUS |
| 51080[19] | 2 | DRAINAGE OF BLADDER ABSCESS |
| **CPT SUBSECTION: EXCISION** | | |
| 51500 | 6 | REMOVAL OF BLADDER CYST |
| 51520[19] | 6 | REMOVAL OF BLADDER LESION |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 51600[20] | 1 | INJECTION FOR BLADDER X-RAY |

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## URINARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 51605[20] | 2 | PREPARATION FOR BLADDER XRAY |
| 51610[20] | 2 | INJECTION FOR BLADDER X-RAY |
| 51710 | 2 | CHANGE OF BLADDER TUBE |
| 51715[19] | 5 | ENDOSCOPIC INJECTION/IMPLANT |
| **CPT SUBSECTION: URODYNAMICS** | | |
| 51725[20] | 2 | SIMPLE CYSTOMETROGRAM |
| 51726 | 1 | COMPLEX CYSTOMETROGRAM |
| 51772 | 2 | URETHRA PRESSURE PROFILE |
| 51785 | 2 | ANAL/URINARY MUSCLE STUDY |
| 51865[20] | 6 | REPAIR OF BLADDER WOUND |
| 51880 | 2 | REPAIR OF BLADDER OPENING |
| 51900[20] | 6 | REPAIR BLADDER/VAGINA LESION |
| 51920[20] | 5 | CLOSE BLADDER-UTERUS FISTULA |
| **CPT SUBSECTION: ENDOSCOPY-SYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY** | | |
| 52000 | 2 | CYSTOSCOPY |
| 52001[16] | 4 | CYSTOSCOPY, REMOVAL OF CLOTS |
| 52005 | 5 | CYSTOSCOPY & URETER CATHETER |
| 52007 | 4 | CYSTOSCOPY AND BIOPSY |
| 52010 | 4 | CYSTOSCOPY & DUCT CATHETER |
| **CPT SUBSECTION: TRANSURETHRAL SURGERY (URETHRA AND BLADDER)** | | |
| 52204 | 5 | CYSTOSCOPY |
| 52214 | 4 | CYSTOSCOPY AND TREATMENT |
| 52224 | 4 | CYSTOSCOPY AND TREATMENT |
| 52234 | 6 | CYSTOSCOPY AND TREATMENT |
| 52235 | 6 | CYSTOSCOPY AND TREATMENT |
| 52240 | 5 | CYSTOSCOPY AND TREATMENT |
| 52250 | 6 | CYSTOSCOPY AND RADIOTRACER |
| 52260 | 5 | CYSTOSCOPY AND TREATMENT |
| 52270 | 4 | CYSTOSCOPY & REVISE URETHRA |
| 52275 | 4 | CYSTOSCOPY & REVISE URETHRA |
| 52276 | 5 | CYSTOSCOPY AND TREATMENT |
| 52277 | 4 | CYSTOSCOPY AND TREATMENT |
| 52281 | 4 | CYSTOSCOPY AND TREATMENT |
| 52282[19] | 10 | CYSTOSCOPY, IMPLANT STENT |
| 52283 | 4 | CYSTOSCOPY AND TREATMENT |
| 52285 | 6 | CYSTOSCOPY AND TREATMENT |
| 52290 | 4 | CYSTOSCOPY AND TREATMENT |
| 52300 | 4 | CYSTOSCOPY AND TREATMENT |
| 52305 | 4 | CYSTOSCOPY AND TREATMENT |
| 52310 | 4 | CYSTOSCOPY AND TREATMENT |
| 52315 | 4 | CYSTOSCOPY AND TREATMENT |
| 52317 | 2 | REMOVE BLADDER STONE |
| 52318 | 4 | REMOVE BLADDER STONE |
| **CPT SUBSECTION: TRANSURETHRAL SURGERY (URETER AND PELVIS)** | | |
| 52320 | 7 | CYSTOSCOPY AND TREATMENT |

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## URINARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 52325 | 6 | CYSTOSCOPY, STONE REMOVAL |
| 52327[19] | 4 | CYSTOSCOPY, INJECT MATERIAL |
| 52330 | 4 | CYSTOSCOPY AND TREATMENT |
| 52332 | 6 | CYSTOSCOPY AND TREATMENT |
| 52334 | 5 | CREATE PASSAGE TO KIDNEY |
| 52335[14] | 5 | ENDOSCOPY OF URINARY TRACT |
| 52336[14] | 6 | CYSTOSCOPY, STONE REMOVAL |
| 52337[14] | 6 | CYSTOSCOPY, STONE REMOVAL |
| 52338[14] | 6 | CYSTOSCOPY AND TREATMENT |
| 52340[14] | 5 | CYSTOSCOPY AND TREATMENT |
| 52341[19] | 5 | CYSTO W/URETER STRICTURE TX |
| 52342[19] | 5 | CYSTO W/UP STRICTURE TX |
| 52343[19] | 5 | CYSTO W/RENAL STRICTURE TX |
| 52344[19] | 5 | CYSTO/URETERO, STONE REMOVE |
| 52345[19] | 5 | CYSTO/URETERO W/UP STRICTURE |
| 52346[19] | 5 | CYSTOURETERO W/RENAL STRICT |
| 52351[15] | 5 | CYSTOURETRO & OR PYELOSCOPE |
| 52352[15] | 6 | CYSTOURETRO W/STONE REMOVE |
| 52353[15] | 6 | CYSTOURETERO W/LITHOTRIPSY |
| 52354[15] | 6 | CYSTOURETRO & OR PYELOSCOPE |
| 52355[19] | 6 | CYSTOURETERO W/EXCISE TUMOR |
| **CPT SUBSECTION: TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)** | | |
| 52400[15] | 5 | CYSTOURETERO W/CONGEN REPR |
| 52450[2] | 5 | INCISION OF PROSTATE |
| 52500 | 5 | REVISION OF BLADDER NECK |
| 52510[19] | 5 | DILATION PROSTATIC URETHRA |
| 52601 | 6 | PROSTATECTOMY (TURP) |
| 52606 | 2 | CONTROL POSTOP BLEEDING |
| 52612 | 4 | PROSTATECTOMY, FIRST STAGE |
| 52614 | 2 | PROSTATECTOMY, SECOND STAGE |
| 52620 | 2 | REMOVE RESIDUAL PROSTATE |
| 52630 | 4 | REMOVE PROSTATE REGROWTH |
| 52640 | 4 | RELIEVE BLADDER CONTRACTURE |
| 52647[19] | 10 | LASER SURGERY OF PROSTATE |
| 52648[19] | 10 | LASER SURGERY OF PROSTATE |
| 52650[3] | 4 | TRANSURETHRAL CRYOSURGICAL REMOVAL OF PROSTATE (POSTOPERATIVE IRRIGATIONS AND ASPIRATION OF SLOUGHING TISSUE INCLUDED) |
| 52700 | 4 | DRAINAGE OF PROSTATE ABSCESS |
| **URETHRA** | | |
| **CPT SUBSECTION: INCISION** | | |
| 53000 | 2 | INCISION OF URETHRA |
| 53010 | 2 | INCISION OF URETHRA |
| 53020 | 1 | INCISION OF URETHRA |
| 53040 | 4 | DRAINAGE OF URETHRA ABSCESS |
| 53080[19] | 5 | DRAINAGE OF URINARY LEAKAGE |

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## URINARY SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: EXCISION** | | |
| 53200 | 2 | BIOPSY OF URETHRA |
| 53210 | 7 | REMOVAL OF URETHRA |
| 53215 | 7 | REMOVAL OF URETHRA |
| 53220 | 4 | TREATMENT OF URETHRA LESION |
| 53230 | 4 | REMOVAL OF URETHRA LESION |
| 53235 | 5 | REMOVAL OF URETHRA LESION |
| 53240 | 4 | SURGERY FOR URETHRA POUCH |
| 53250 | 4 | REMOVAL OF URETHRA GLAND |
| 53260 | 4 | TREATMENT OF URETHRA LESION |
| 53265 | 4 | TREATMENT OF URETHRA LESION |
| 53270[19] | 4 | REMOVAL OF URETHRA GLAND |
| 53275 | 4 | REMOVAL OF URETHRA GLAND |
| **CPT SUBSECTION: REPAIR** | | |
| 53400 | 5 | REVISE URETHRA, STAGE 1 |
| 53405 | 4 | REVISE URETHRA, STAGE 2 |
| 53410 | 4 | RECONSTRUCTION OF URETHRA |
| 53420 | 5 | RECONSTRUCT URETHRA, STAGE 1 |
| 53425 | 4 | RECONSTRUCT URETHRA, STAGE 2 |
| 53430 | 4 | RECONSTRUCTION OF URETHRA |
| 53431[16] | 4 | RECONSTRUCT URETHRA/BLADDER |
| 53440 | 4 | CORRECT BLADDER FUNCTION |
| 53442 | 2 | REMOVE PERINEAL PROSTHESIS |
| 53444[16] | 4 | INSERT TANDEM CUFF |
| 53445[16] | 2 | INSERT URO/VES NCK SPHINCTER |
| 53446[16] | 2 | REMOVE URO SPHINCTER |
| 53447 | 2 | REMOVE/REPLACE UR SPHINCTER |
| 53449 | 2 | REPAIR URO SPHINCTER |
| 53450 | 2 | REVISION OF URETHRA |
| 53460 | 2 | REVISION OF URETHRA |
| **CPT SUBSECTION: SUTURE** | | |
| 53502 | 4 | REPAIR OF URETHRA INJURY |
| 53505 | 4 | REPAIR OF URETHRA INJURY |
| 53510 | 4 | REPAIR OF URETHRA INJURY |
| 53515 | 4 | REPAIR OF URETHRA INJURY |
| 53520 | 4 | REPAIR OF URETHRA DEFECT |
| **CPT SUBSECTION: MANIPULATION** | | |
| 53605 | 4 | DILATE URETHRA STRICTURE |
| 53665 | 2 | DILATION OF URETHRA |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 53850[19] | 10 | PROSTATIC MICROWAVE THERMOTX |

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## MALE GENITAL SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **PENIS** |
| **CPT SUBSECTION: INCISION** | | |
| 54000 | 4 | SLITTING OF PREPUCE |
| 54001 | 4 | SLITTING OF PREPUCE |
| 54015[2] | 6 | DRAIN PENIS LESION |
| **CPT SUBSECTION: DESTRUCTION** | | |
| 54057 | 2 | LASER SURG, PENIS LESION(S) |
| 54060 | 2 | EXCISION OF PENIS LESION(S) |
| 54065 | 2 | DESTRUCTION, PENIS LESION(S) |
| **CPT SUBSECTION: EXCISION** | | |
| 54100 | 2 | BIOPSY OF PENIS |
| 54105 | 2 | BIOPSY OF PENIS |
| 54110 | 4 | TREATMENT OF PENIS LESION |
| 54111[19] | 4 | TREAT PENIS LESION, GRAFT |
| 54112[19] | 4 | TREAT PENIS LESION, GRAFT |
| 54115 | 2 | TREATMENT OF PENIS LESION |
| 54120 | 4 | PARTIAL REMOVAL OF PENIS |
| 54125[20] | 4 | REMOVAL OF PENIS |
| 54150 | 1 | CIRCUMCISION |
| 54152 | 2 | CIRCUMCISION |
| 54160 | 2 | CIRCUMCISION |
| 54161 | 4 | CIRCUMCISION |
| 54162[16] | 4 | LYSIS PENIL CIRCUMCIS LESION |
| 54163[16] | 4 | REPAIR OF CIRCUMCISION |
| 54164[16] | 4 | FRENULOTOMY OF PENIS |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 54205[2] | 6 | TREATMENT OF PENIS LESION |
| 54220 | 2 | TREATMENT OF PENIS LESION |
| **CPT SUBSECTION: REPAIR** | | |
| 54300 | 5 | REVISION OF PENIS |
| 54304[19] | 5 | REVISION OF PENIS |
| 54308[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54312[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54316[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54318[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54322[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54324[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54326[19] | 5 | RECONSTRUCTION OF URETHRA |
| 54328[19] | 5 | REVISE PENIS/URETHRA |
| 54340[19] | 5 | SECONDARY URETHRAL SURGERY |
| 54344[19] | 5 | SECONDARY URETHRAL SURGERY |
| 54348[19] | 5 | SECONDARY URETHRAL SURGERY |
| 54352[19] | 5 | RECONSTRUCT URETHRA/PENIS |
| 54360 | 5 | PENIS PLASTIC SURGERY |

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## MALE GENITAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 54380[19] | 5 | REPAIR PENIS |
| 54385[19] | 5 | REPAIR PENIS |
| 54400[19] | 5 | INSERT SEMI-RIGID PROSTHESIS |
| 54401[19] | 5 | INSERT SEMI-RIGID PROSTHESIS |
| 54405[19] | 5 | INSERT MULTI-COMP PENIS PROS |
| 54406[19] | 5 | REMOVE MULTI-COMP PENIS PROSTH |
| 54408[19] | 5 | REPAIR MULTI-COMP PENIS PROS |
| 54410[19] | 5 | REMOVE/REPLACE PENIS PROSTH |
| 54415[19] | 5 | REMOVE SELF-CONTD PENIS PROS |
| 54416[19] | 5 | REMV/REPL PENIS CONTAIN PROS |
| 54420 | 6 | REVISION OF PENIS |
| 54435 | 6 | REVISION OF PENIS |
| 54440 | 6 | REPAIR OF PENIS |
| **CPT SUBSECTION: MANIPULATION** | | |
| 54450 | 2 | PREPUTIAL STRETCHING |
| | | **TESTIS** |
| **CPT SUBSECTION: EXCISION** | | |
| 54500 | 2 | BIOPSY OF TESTIS |
| 54505 | 2 | BIOPSY OF TESTIS |
| 54510[17] | 4 | REMOVAL OF TESTIS LESION |
| 54512[16] | 4 | EXCISE LESION TESTIS |
| 54520 | 7 | REMOVAL OF TESTIS |
| 54522[19] | 5 | ORCHIECTOMY, PARTIAL |
| 54530 | 6 | REMOVAL OF TESTIS |
| 54550 | 6 | EXPLORATION FOR TESTIS |
| **CPT SUBSECTION: REPAIR** | | |
| 54600 | 6 | REDUCE TESTIS TORSION |
| 54620 | 5 | SUSPENSION OF TESTIS |
| 54640 | 6 | SUSPENSION OF TESTIS |
| 54660 | 4 | REVISION OF TESTIS |
| 54670 | 5 | REPAIR TESTIS INJURY |
| 54680 | 5 | RELOCATION OF TESTIS(ES) |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 54690[19] | 10 | LAPAROSCOPY, ORCHIECTOMY |
| | | **EPIDIDYMIS** |
| **CPT SUBSECTION: INCISION** | | |
| 54700 | 4 | DRAINAGE OF SCROTUM |
| **CPT SUBSECTION: EXCISION** | | |
| 54800 | 2 | BIOPSY OF EPIDIDYMIS |
| 54820 | 2 | EXPLORATION OF EPIDIDYMIS |
| 54830 | 5 | REMOVE EPIDIDYMIS LESION |
| 54840 | 6 | REMOVE EPIDIDYMIS LESION |
| 54860 | 5 | REMOVAL OF EPIDIDYMIS |
| 54861 | 6 | REMOVAL OF EPIDIDYMIS |

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## MALE GENITAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: REPAIR** | | |
| 54900 | 6 | FUSION OF SPERMATIC DUCTS |
| 54901 | 6 | FUSION OF SPERMATIC DUCTS |
| | | **TUNICA VAGINALIS** |
| **CPT SUBSECTION: EXCISION** | | |
| 55040 | 6 | REMOVAL OF HYDROCELE |
| 55041 | 7 | REMOVAL OF HYDROCELES |
| **CPT SUBSECTION: REPAIR** | | |
| 55060 | 6 | REPAIR OF HYDROCELE |
| | | **SCROTUM** |
| **CPT SUBSECTION: INCISION** | | |
| 55100 | 2 | DRAINAGE OF SCROTUM ABSCESS |
| 55110 | 4 | EXPLORE SCROTUM |
| 55120 | 4 | REMOVAL OF SCROTUM LESION |
| **CPT SUBSECTION: EXCISION** | | |
| 55150 | 2 | REMOVAL OF SCROTUM |
| **CPT SUBSECTION: REPAIR** | | |
| 55175 | 2 | REVISION OF SCROTUM |
| 55180 | 4 | REVISION OF SCROTUM |
| | | **VAS DEFERENS** |
| **CPT SUBSECTION: INCISION** | | |
| 55200 | 4 | INCISION OF SPERM DUCT |
| **CPT SUBSECTION: EXCISION** | | |
| 55250[19] | 4 | REMOVAL OF SPERM DUCT(S) |
| **CPT SUBSECTION: REPAIR** | | |
| 55400 | 2 | REPAIR OF SPERM DUCT |
| | | **SPERMATIC CORD** |
| **CPT SUBSECTION: EXCISION** | | |
| 55500 | 5 | REMOVAL OF HYDROCELE |
| 55520 | 6 | REMOVAL OF SPERM CORD LESION |
| 55530 | 6 | REVISE SPERMATIC CORD VEINS |
| 55535 | 6 | REVISE SPERMATIC CORD VEINS |
| 55540 | 7 | REVISE HERNIA & SPERM VEINS |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 55550[19] | 10 | LAPARO LIGATE SPERMATIC VEIN |
| | | **SEMINAL VESICLES** |
| **CPT SUBSECTION: INCISION** | | |
| 55600[20] | 2 | INCISE SPERM DUCT POUCH |
| 55605[20] | 2 | INCISE SPERM DUCT POUCH |
| **CPT SUBSECTION: EXCISION** | | |
| 55650[20] | 2 | REMOVE SPERM DUCT POUCH |
| 55680 | 2 | REMOVE SPERM POUCH LESION |

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## MALE GENITAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **PROSTATE** |
| **CPT SUBSECTION: INCISION** | | |
| 55700 | 3 | BIOPSY OF PROSTATE |
| 55705 | 4 | BIOPSY OF PROSTATE |
| 55720 | 2 | DRAINAGE OF PROSTATE ABSCESS |
| 55725[19] | 4 | DRAINAGE OF PROSTATE ABSCESS |
| **CPT SUBSECTION: EXCISION** | | |
| 55859[19] | 10 | PERCUT/NEEDLE INSERT, PROS |

## FEMALE GENITAL SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: ENDOSCOPY - LAPAROSCOPY - HYSTEROSCOPY** | | |
| 56300[12] | 6 | LAPAROSCOPY; DIAGNOSTIC |
| 56301[12] | 7 | LAPAROSCOPY; TUBAL CAUTERY |
| 56302[12] | 8 | LAPAROSCOPY; TUBAL BLOCK |
| 56303[12] | 9 | LAPAROSCOPY; EXCISE LESIONS |
| 56304[12] | 10 | LAPAROSCOPY; LYSIS |
| 56305[12] | 7 | LAPAROSCOPY; BIOPSY |
| 56306[12] | 6 | LAPAROSCOPY; ASPIRATION |
| 56307[12] | 10 | LAPAROSCOPY; REMOVE ADNEXA |
| 56309[12] | 6 | LAPAROSCOPY; REMOVE MYOMA |
| 56309[5, 12] | 7 | LAPAROSCOPY; REMOVE MYOMA |
| 56316[2, 12] | 6 | LAPAROSCOPIC HERNIA REPAIR |
| 56317[2, 12] | 9 | LAPAROSCOPIC HERNIA REPAIR |
| 56343[8, 12] | 7 | LAPAROSCOPIC SALPINGOSTOMY |
| 56344[8, 12] | 7 | LAPAROSCOPIC FIMBRIOPLASTY |
| 56350[12] | 6 | HYSTEROSCOPY; DIAGNOSTIC |
| 56351[12] | 2 | HYSTEROSCOPY; BIOPSY |
| 56351[5, 12] | 5 | HYSTEROSCOPY; BIOPSY |
| 56352[12] | 4 | HYSTEROSCOPY; LYSIS |
| 56353[12] | 4 | HYSTEROSCOPY; RESECT SEPTUM |
| 56354[12] | 5 | HYSTEROSCOPY; REMOVE MYOMA |
| 56355[12] | 2 | HYSTEROSCOPY; REMOVE IMPACT |
| 56356[12] | 9 | HYSTEROSCOPY; ABLATION |
| 56360[10] | 4 | PERITONEOSCOPY; WITHOUT BIOPSY |
| 56361[10] | 5 | PERITONEOSCOPY; WITH BIOPSY |
| 56362[12] | 5 | LAPAROSCOPY W/CHOLANGIO |
| 56363[12] | 5 | LAPAROSCOPY W/BIOPSY |
| | | **VULVA, PERINEUM, AND INTROITUS** |
| **CPT SUBSECTION: INCISION** | | |
| 56405[20] | 4 | I & D OF VULVA/PERINEUM |
| 56440 | 5 | SURGERY FOR VULVA LESION |
| 56441[2] | 2 | LYSIS OF LABIAL LESION(S) |

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## FEMALE GENITAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: DESTRUCTION** | | |
| 56515 | 6 | DESTROY VULVA LESION/S COMPL |
| **CPT SUBSECTION: EXCISION** | | |
| 56605[20] | 4 | BIOPSY OF VULVA/PERINEUM |
| 56620 | 6 | PARTIAL REMOVAL OF VULVA |
| 56625 | 9 | COMPLETE REMOVAL OF VULVA |
| 56700 | 2 | PARTIAL REMOVAL OF HYMEN |
| 56720 | 2 | INCISION OF HYMEN |
| 56740 | 7 | REMOVE VAGINA GLAND LESION |
| **CPT SUBSECTION: REPAIR** | | |
| 56800 | 5 | REPAIR OF VAGINA |
| 56810 | 7 | REPAIR OF PERINEUM |
| **VAGINA** | | |
| **CPT SUBSECTION: INCISION** | | |
| 57000 | 2 | EXPLORATION OF VAGINA |
| 57010 | 4 | DRAINAGE OF PELVIC ABSCESS |
| 57020 | 4 | DRAINAGE OF PELVIC FLUID |
| 57023[19] | 2 | I & D VAG HEMATOMA, NON-OB |
| **CPT SUBSECTION: DESTRUCTION** | | |
| 57065 | 6 | DESTROY VAG LESIONS, COMPLEX |
| **CPT SUBSECTION: EXCISION** | | |
| 57105 | 4 | BIOPSY OF VAGINA |
| 57130 | 4 | REMOVE VAGINA LESION |
| 57135 | 4 | REMOVE VAGINA LESION |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 57180 | 2 | TREAT VAGINAL BLEEDING |
| **CPT SUBSECTION: REPAIR** | | |
| 57200 | 2 | REPAIR OF VAGINA |
| 57210 | 4 | REPAIR VAGINA/PERINEUM |
| 57220 | 5 | REVISION OF URETHRA |
| 57230 | 5 | REPAIR OF URETHRAL LESION |
| 57240 | 7 | REPAIR BLADDER & VAGINA |
| 57250 | 7 | REPAIR RECTUM & VAGINA |
| 57260 | 7 | REPAIR OF VAGINA |
| 57265 | 9 | EXTENSIVE REPAIR OF VAGINA |
| 57268 | 5 | REPAIR OF BOWEL BULGE |
| 57289[19] | 7 | REPAIR BLADDER AND VAGINA |
| 57291[19] | 7 | CONSTRUCTION OF VAGINA |
| 57300 | 5 | REPAIR RECTUM-VAGINA FISTULA |
| 57310[20] | 5 | REPAIR URETHROVAGINAL LESION |
| 57311[20] | 6 | REPAIR URETHROVAGINAL LESION |
| 57320[20] | 5 | REPAIR BLADDER-VAGINA LESION |

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## FEMALE GENITAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: MANIPULATION** | | |
| 57400 | 4 | DILATION OF VAGINA |
| 57410 | 3 | PELVIC EXAMINATION |
| 57415[19] | 4 | REMOVE VAGINAL FOREIGN BODY |
| **CERVIX UTERI** | | |
| **CPT SUBSECTION: EXCISION** | | |
| 57513 | 6 | LASER SURGERY OF CERVIX |
| 57520 | 7 | CONIZATION OF CERVIX |
| 57522[1] | 4 | CONIZATION OF CERVIX |
| 57530 | 5 | REMOVAL OF CERVIX |
| 57550 | 5 | REMOVAL OF RESIDUAL CERVIX |
| 57556[19] | 7 | REMOVE CERVIX, REPAIR BOWEL |
| **CPT SUBSECTION: REPAIR** | | |
| 57700 | 2 | REVISION OF CERVIX |
| 57720 | 5 | REVISION OF CERVIX |
| **CPT SUBSECTION: MANIPULATION** | | |
| 57800[20] | 2 | DILATION OF CERVICAL CANAL |
| 57820 | 5 | D & C OF RESIDUAL CERVIX |
| **CORPUS UTERI** | | |
| **CPT SUBSECTION: EXCISION** | | |
| 58120 | 5 | DILATION AND CURETTAGE |
| 58145 | 7 | REMOVAL OF UTERUS LESION |
| **CPT SUBSECTION: INTRODUCTION** | | |
| 58350[19] | 5 | REOPEN FALLOPIAN TUBE |
| 58353[15] | 6 | ENDOMETR ABLATE, THERMAL |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 58545[19] | 10 | LAPAROSCOPIC MYOMECTOMY |
| 58546[19] | 10 | LAPARO-MYOMECTOMY, COMPLEX |
| 58550[19] | 10 | LAPARO-ASST VAG HYSTERECTOMY |
| 58551[13, 20] | 7 | LAPAROSCOPY, REMOVE MYOMA |
| 58555[13] | 6 | HYSTEROSCOPY, DX, SEP PROC |
| 58558[13] | 5 | HYSTEROSCOPY, BIOPSY |
| 58559[13] | 4 | HYSTEROSCOPY, LYSIS |
| 58560[13, 21] | 5 | HYSTEROSCOPY, RESECT SEPTUM |
| 58561[13] | 5 | HYSTEROSCOPY, REMOVE MYOMA |
| 58562[13, 21] | 5 | HYSTEROSCOPY, REMOVE FB |
| 58563[13] | 9 | HYSTEROSCOPY, ABLATION |
| **OVIDUCT** | | |
| **CPT SUBSECTION: INCISION** | | |
| 58600 | 7 | DIVISION OF FALLOPIAN TUBE |
| 58615 | 8 | OCCLUDE FALLOPIAN TUBE(S) |
| **CPT SUBSECTION: LAPAROSCOPY** | | |
| 58660[13] | 10 | LAPAROSCOPY, LYSIS |

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## FEMALE GENITAL SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 58661[13] | 10 | LAPAROSCOPY, REMOVE ADNEXA |
| 58662[13] | 9 | LAPAROSCOPY, EXCISE LESIONS |
| 58670[13] | 7 | LAPAROSCOPY, TUBAL CAUTERY |
| 58671[13] | 8 | LAPAROSCOPY, TUBAL BLOCK |
| 58672[13] | 7 | LAPAROSCOPY, FIMBRIOPLASTY |
| 58673[13] | 7 | LAPAROSCOPY, SALPINGOSTOMY |
| **OVARY** | | |
| **CPT SUBSECTION: INCISION** | | |
| 58800 | 5 | DRAINAGE OF OVARIAN CYST(S) |
| 58820 | 5 | DRAIN OVARY ABSCESS, OPEN |
| **CPT SUBSECTION: EXCISION** | | |
| 58900 | 5 | BIOPSY OF OVARY(S) |
| **DELIVERY, ANTEPARTUM, AND POSTPARTUM CARE** | | |
| **CPT SUBSECTION: EXCISION** | | |
| 59160[19] | 5 | D & C AFTER DELIVERY |
| **CPT SUBSECTION: REPAIR** | | |
| 59320[19] | 2 | REVISION OF CERVIX |
| **CPT SUBSECTION: VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE** | | |
| 59414 | 1 | DELIVER PLACENTA |
| **CPT SUBSECTION: ABORTION** | | |
| 59812 | 5 | TREATMENT OF MISCARRIAGE |
| 59820 | 3 | CARE OF MISCARRIAGE |
| 59821 | 5 | TREATMENT OF MISCARRIAGE |
| 59840 | 1 | ABORTION |
| 59841 | 1 | ABORTION |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 59870[19] | 7 | EVACUATE M OLE OF UTERUS |
| 59871[19] | 7 | REMOVE CERCLAGE SUTURE |

## ENDOCRINE SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **THYROID GLAND** | | |
| **CPT SUBSECTION: INCISION** | | |
| 60000 | 2 | DRAIN THYROID/TONGUE CYST |
| **CPT SUBSECTION: EXCISION** | | |
| 60200 | 4 | REMOVE THYROID LESION |
| 60220[20] | 4 | PARTIAL REMOVAL OF THYROID |
| 60225[20] | 5 | PARTIAL REMOVAL OF THYROID |
| 60280 | 6 | REMOVE THYROID DUCT LESION |
| 60281 | 6 | REMOVE THYROID DUCT LESION |

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# NERVOUS SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **SKULL, MENINGES, AND BRAIN** |
| **CPT SUBSECTION: PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION** | | |
| 61020 | 2 | REMOVE BRAIN CAVITY FLUID |
| 61026 | 2 | INJECTION INTO BRAIN CANAL |
| 61050 | 2 | REMOVE BRAIN CANAL FLUID |
| 61055 | 2 | INJECTION INTO BRAIN CANAL |
| 61070 | 2 | BRAIN CANAL SHUNT PROCEDURE |
| **CPT SUBSECTION: TWIST DRILL, BURR HOLE(S) OR TREPHINE** | | |
| 61215 | 5 | INSERT BRAIN-FLUID DEVICE |
| **CPT SUBSECTION: STEREOTAXIS** | | |
| 61790 | 5 | TREAT TRIGEMINAL NERVE |
| 61791 | 5 | TREAT TRIGEMINAL TRACT |
| **CPT SUBSECTION: NEUROSTIMULATORS, INTRACRANIAL** | | |
| 61885 | 4 | IMPLANT NEUROSTIM ONE ARRAY |
| 61886[19] | 5 | IMPLANT NEUROSTIM ARRAYS |
| 61888 | 2 | REVISE/REMOVE NEURORECEIVER |
| **CPT SUBSECTION: CSF SHUNT** | | |
| 62194 | 2 | REPLACE/IRRIGATE CATHETER |
| 62225 | 2 | REPLACE/IRRIGATE CATHETER |
| 62230 | 4 | REPLACE/REVISE BRAIN SHUNT |
| 62256[20] | 4 | REMOVE BRAIN CAVITY SHUNT |
| 62263[13, 18] | 2 | LYSIS EPIDURAL ADHESIONS |
| | | **SPINE AND SPINAL CORD** |
| **CPT SUBSECTION: PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION** | | |
| 62268 | 2 | DRAIN SPINAL CORD CYST |
| 62269 | 2 | NEEDLE BIOPSY, SPINAL CORD |
| 62270 | 1 | SPINAL FLUID TAP, DIAGNOSTIC |
| 62272 | 2 | DRAIN CEREBRO SPINAL FLUID |
| 62273 | 2 | TREAT EPIDURAL SPINE LESION |
| 62274[12] | 2 | INJECT SPINAL ANESTHETIC |
| 62275[2, 12] | 2 | INJECT SPINAL ANESTHETIC |
| 62276[12] | 2 | INJECT SPINAL ANESTHETIC |
| 62277[12] | 2 | INJECT SPINAL ANESTHETIC |
| 62278[12] | 1 | INJECT SPINAL ANESTHETIC |
| 62279[12] | 2 | INJECT SPINAL ANESTHETIC |
| 62280 | 2 | TREAT SPINAL CORD LESION |
| 62281[19] | 2 | TREAT SPINAL CORD LESION |
| 62282 | 2 | TREAT SPINAL CANAL LESION |
| 62287[19] | 10 | PERCUTANEOUS DISKECTOMY |
| 62288[12] | 2 | INJECTION INTO SPINAL CANAL |
| 62289[12] | 1 | INJECTION INTO SPINAL CANAL |
| 62294 | 5 | INJECTION INTO SPINAL ARTERY |
| 62310[13] | 2 | INJECT SPINE C/T |
| 62311[13] | 2 | INJECT SPINE L/S (CD) |

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## NERVOUS SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 62318[13] | 2 | INJECT SPINE W/CATH, C/T |
| 62319[13] | 2 | INJECT SPINE W/CATH L/S (CD) |
| **CPT SUBSECTION: CATHETER IMPLANTATION** | | |
| 62350[8] | 4 | IMPLANT SPINAL CANAL CATH |
| 62351[8, 20] | 4 | IMPLANT SPINAL CANAL CATH |
| 62355[19] | 4 | REMOVE SPINAL CANAL CATHETER |
| **CPT SUBSECTION: RESERVOIR/PUMP IMPLANTATION** | | |
| 62360[8] | 4 | INSERT SPINE INFUSION DEVICE |
| 62361[8] | 4 | IMPLANT SPINE INFUSION PUMP |
| 62362[8] | 4 | IMPLANT SPINE INFUSION PUMP |
| 62365[8] | 4 | REMOVE SPINE INFUSION DEVICE |
| 62367[8, 20] | 4 | ANALYZE SPINE INFUSION PUMP |
| 62368[8, 20] | 4 | ANALYZE SPINE INFUSION PUMP |
| **CPT SUBSECTION: STEREOTAXIS** | | |
| 63600 | 4 | REMOVE SPINAL CORD LESION |
| 63610 | 2 | STIMULATION OF SPINAL CORD |
| **CPT SUBSECTION: NEUROSTIMULATORS, SPINAL** | | |
| 63650 | 4 | IMPLANT NEUROELECTRODES |
| 63660 | 2 | REVISE/REMOVE NEUROELECTRODE |
| 63685 | 4 | IMPLANT NEURORECEIVER |
| 63688 | 2 | REVISE/REMOVE NEURORECEIVER |
| **CPT SUBSECTION: SHUNT, SPINAL CSF** | | |
| 63744 | 5 | REVISION OF SPINAL SHUNT |
| 63746 | 4 | REMOVAL OF SPINAL SHUNT |
| 63750[7] | 6 | INSERTION, SUBARACHNOID CATHETER WITH RESERVOIR AND/OR PUMP FOR INTERMITTENT OR CONTINUOUS INFUSION OF DRUG, INCLUDING LAMINECTOMY |
| 63780[7] | 4 | INSERTION OR REPLACEMENT, SUBARACHNOID OR EPIDURAL CATHETER, WITH RESERVOIR AND/OR PUMP FOR DRUG INFUSION, WITHOUT LAMINECTOMY |

## EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC** | | |
| **CPT SUBSECTION: SOMATIC NERVES** | | |
| 64410 | 2 | INJECTION FOR NERVE BLOCK |
| 64415 | 2 | INJECTION FOR NERVE BLOCK |
| 64417 | 2 | INJECTION FOR NERVE BLOCK |
| 64420 | 2 | INJECTION FOR NERVE BLOCK |
| 64421 | 2 | INJECTION FOR NERVE BLOCK |
| 64430 | 2 | INJECTION FOR NERVE BLOCK |

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## EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 64442[12] | 1 | INJECTION FOR NERVE BLOCK |
| 64443[12] | 2 | INJECTION FOR NERVE BLOCK |
| 64470[13, 18] | 2 | INJ PARAVERTEBRAL C/T |
| 64472[13, 18] | 2 | INJ PARAVERTEBRAL C/T ADD-ON |
| 64475[13] | 1 | INJ PARAVERTEBRAL L/S |
| 64476[13] | 2 | INJ PARAVERTEBRAL L/S ADD-ON |
| 64479[13, 18] | 2 | INJ FORAMEN EPIDURAL C/T |
| 64480[13, 18] | 2 | INJ FORAMEN EPIDURAL ADD-ON |
| 64483[13, 18] | 2 | INJ FORAMEN EPIDURAL L/S |
| 64484[13, 18] | 2 | INJ FORAMEN EPIDURAL ADD-ON |
| **CPT SUBSECTION: SYMPATHETIC NERVES** | | |
| 64510 | 2 | INJECTION FOR NERVE BLOCK |
| 64520 | 2 | INJECTION FOR NERVE BLOCK |
| 64530 | 2 | INJECTION FOR NERVE BLOCK |
| **CPT SUBSECTION: NEUROSTIMULATORS, PERIPHERAL NERVE** | | |
| 64553[19] | 2 | IMPLANT NEUROELECTRODES |
| 64573[19] | 2 | IMPLANT NEUROELECTRODES |
| 64575 | 2 | IMPLANT NEUROELECTRODES |
| 64577[19] | 2 | IMPLANT NEUROELECTRODES |
| 64580[19] | 2 | IMPLANT NEUROELECTRODES |
| 64585[19] | 2 | REVISE/REMOVE NEUROELECTRODE |
| 64590 | 4 | IMPLANT NEURORECEIVER |
| 64595 | 2 | REVISE/REMOVE NEURORECEIVER |
| **DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY)** | | |
| **CPT SUBSECTION: SOMATIC NERVES** | | |
| 64600 | 2 | INJECTION TREATMENT OF NERVE |
| 64605 | 2 | INJECTION TREATMENT OF NERVE |
| 64610 | 2 | INJECTION TREATMENT OF NERVE |
| 64620 | 2 | INJECTION TREATMENT OF NERVE |
| 64622 | 2 | DESTR PARAVERTEBRL NERVE L/S |
| 64623 | 2 | DESTR PARAVERTEBRAL N ADD-ON |
| 64626[13, 18] | 2 | DESTR PARAVERTEBRL NERVE C/T |
| 64627[13, 18] | 2 | DESTR PARAVERTEBRAL N ADD-ON |
| 64630 | 4 | INJECTION TREATMENT OF NERVE |
| **CPT SUBSECTION: SYMPATHETIC NERVES** | | |
| 64680 | 4 | INJECTION TREATMENT OF NERVE |
| **CPT SUBSECTION: NEUROLOPLASTY (EXPLANATION, NEUROLYSIS OR NERVE DEOMPRESSION)** | | |
| 64702 | 2 | REVISE FINGER/TOE NERVE |
| 64704 | 2 | REVISE HAND/FOOT NERVE |
| 64708 | 4 | REVISE ARM/LEG NERVE |
| 64712 | 4 | REVISION OF SCIATIC NERVE |
| 64713 | 4 | REVISION OF ARM NERVE(S) |

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## EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 64714 | 4 | REVISE LOW BACK NERVE(S) |
| 64716 | 5 | REVISION OF CRANIAL NERVE |
| 64718 | 9 | REVISE ULNAR NERVE AT ELBOW |
| 64719 | 4 | REVISE ULNAR NERVE AT WRIST |
| 64721 | 5 | CARPAL TUNNEL SURGERY |
| 64722 | 2 | RELIEVE PRESSURE ON NERVE(S) |
| 64726 | 2 | RELEASE FOOT/TOE NERVE |
| 64727 | 2 | INTERNAL NERVE REVISION |
| **CPT SUBSECTION: TRANSECTION OR AVULSION OF NERVE** | | |
| 64732 | 4 | INCISION OF BROW NERVE |
| 64734 | 4 | INCISION OF CHEEK NERVE |
| 64736 | 4 | INCISION OF CHIN NERVE |
| 64738 | 4 | INCISION OF JAW NERVE |
| 64740 | 4 | INCISION OF TONGUE NERVE |
| 64742 | 4 | INCISION OF FACIAL NERVE |
| 64744 | 4 | INCISE NERVE, BACK OF HEAD |
| 64746 | 4 | INCISE DIAPHRAGM NERVE |
| 64771 | 4 | SEVER CRANIAL NERVE |
| 64772 | 4 | INCISION OF SPINAL NERVE |
| **CPT SUBSECTION: EXCISION-SOMATIC NERVES** | | |
| 64774 | 4 | REMOVE SKIN NERVE LESION |
| 64776 | 5 | REMOVE DIGIT NERVE LESION |
| 64778 | 4 | DIGIT NERVE SURGERY ADD-ON |
| 64782 | 5 | REMOVE LIMB NERVE LESION |
| 64783 | 4 | LIMB NERVE SURGERY ADD-ON |
| 64784 | 5 | REMOVE NERVE LESION |
| 64786 | 5 | REMOVE SCIATIC NERVE LESION |
| 64787 | 4 | IMPLANT NERVE END |
| 64788 | 5 | REMOVE SKIN NERVE LESION |
| 64790 | 5 | REMOVAL OF NERVE LESION |
| 64792 | 5 | REMOVAL OF NERVE LESION |
| 64795 | 4 | BIOPSY OF NERVE |
| **CPT SUBSECTION: EXCISION-SYMPATHETIC NERVES** | | |
| 64802 | 4 | REMOVE SYMPATHETIC NERVES |
| 64821[19] | 6 | REMOVE SYMPATHETIC NERVES |
| **CPT SUBSECTION: NERVE REPAIR BY SUTURE (NEURORRHAPHY)** | | |
| 64830 | 7 | MICROREPAIR OF NERVE |
| 64831 | 6 | REPAIR OF DIGIT NERVE |
| 64832 | 2 | REPAIR NERVE ADD-ON |
| 64834 | 4 | REPAIR OF HAND OR FOOT NERVE |
| 64835 | 5 | REPAIR OF HAND OR FOOT NERVE |
| 64836 | 5 | REPAIR OF HAND OR FOOT NERVE |
| 64837 | 2 | REPAIR NERVE ADD-ON |
| 64840 | 4 | REPAIR OF LEG NERVE |

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## EXTRACRANIAL NERVES, PERIPHERAL NERVES, AND AUTONOMIC NERVOUS SYSTEM (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 64856 | 4 | REPAIR/TRANSPOSE NERVE |
| 64857 | 4 | REPAIR ARM/LEG NERVE |
| 64858 | 4 | REPAIR SCIATIC NERVE |
| 64859 | 2 | NERVE SURGERY |
| 64861 | 5 | REPAIR OF ARM NERVES |
| 64862 | 5 | REPAIR OF LOW BACK NERVES |
| 64864 | 5 | REPAIR OF FACIAL NERVE |
| 64865 | 6 | REPAIR OF FACIAL NERVE |
| 64870 | 6 | FUSION OF FACIAL/OTHER NERVE |
| 64872 | 4 | SUBSEQUENT REPAIR OF NERVE |
| 64874 | 5 | REPAIR & REVISE NERVE ADD-ON |
| 64876 | 5 | REPAIR NERVE/SHORTEN BONE |
| **CPT SUBSECTION: NEURORRHAPHY WITH NERVE GRAFT** | | |
| 64885[19] | 4 | NERVE GRAFT, HEAD OR NECK |
| 64886[19] | 4 | NERVE GRAFT, HEAD OR NECK |
| 64890 | 4 | NERVE GRAFT, HAND OR FOOT |
| 64891 | 4 | NERVE GRAFT, HAND OR FOOT |
| 64892 | 4 | NERVE GRAFT, ARM OR LEG |
| 64893 | 4 | NERVE GRAFT, ARM OR LEG |
| 64895 | 5 | NERVE GRAFT, HAND OR FOOT |
| 64896 | 5 | NERVE GRAFT, HAND OR FOOT |
| 64897 | 5 | NERVE GRAFT, ARM OR LEG |
| 64898 | 5 | NERVE GRAFT, ARM OR LEG |
| 64901 | 4 | NERVE GRAFT ADD-ON |
| 64902 | 4 | NERVE GRAFT ADD-ON |
| 64905 | 4 | NERVE PEDICLE TRANSFER |
| 64907 | 2 | NERVE PEDICLE TRANSFER |

## EYE AND OCULAR ADNEXA

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **EYEBALL** |
| **CPT SUBSECTION: REMOVAL OF EYE** | | |
| 65091 | 5 | REVISE EYE |
| 65093 | 5 | REVISE EYE WITH IMPLANT |
| 65101 | 5 | REMOVAL OF EYE |
| 65103 | 5 | REMOVE EYE/INSERT IMPLANT |
| 65105 | 6 | REMOVE EYE/ATTACH IMPLANT |
| 65110 | 7 | REMOVAL OF EYE |
| 65112 | 9 | REMOVE EYE/REVISE SOCKET |
| 65114 | 9 | REMOVE EYE/REVISE SOCKET |
| **CPT SUBSECTION: SECONDARY IMPLANT PROCEDURES** | | |
| 65130 | 5 | INSERT OCULAR IMPLANT |

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## EYE AND OCULAR ADNEXA (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 65135 | 4 | INSERT OCULAR IMPLANT |
| 65140 | 5 | ATTACH OCULAR IMPLANT |
| 65150 | 4 | REVISE OCULAR IMPLANT |
| 65155 | 5 | REINSERT OCULAR IMPLANT |
| 65175 | 2 | REMOVAL OF OCULAR IMPLANT |
| **CPT SUBSECTION: REMOVAL OF OCULAR FOREIGN BODY** | | |
| 65235 | 4 | REMOVE FOREIGN BODY FROM EYE |
| 65260 | 5 | REMOVE FOREIGN BODY FROM EYE |
| 65265 | 6 | REMOVE FOREIGN BODY FROM EYE |
| 65270 | 4 | REPAIR OF EYE WOUND |
| 65272 | 4 | REPAIR OF EYE WOUND |
| 65275 | 6 | REPAIR OF EYE WOUND |
| 65280 | 6 | REPAIR OF EYE WOUND |
| 65285 | 6 | REPAIR OF EYE WOUND |
| 65290 | 5 | REPAIR OF EYE SOCKET WOUND |
| **ANTERIOR SEGMENT - CORNEA** | | |
| **CPT SUBSECTION: EXCISION** | | |
| 65400 | 2 | REMOVAL OF EYE LESION |
| 65410 | 4 | BIOPSY OF CORNEA |
| 65420 | 4 | REMOVAL OF EYE LESION |
| 65426 | 7 | REMOVAL OF EYE LESION |
| **CPT SUBSECTION: KERATOPLASTY** | | |
| 65710 | 9 | CORNEAL TRANSPLANT |
| 65730 | 9 | CORNEAL TRANSPLANT |
| 65750 | 9 | CORNEAL TRANSPLANT |
| 65755 | 9 | CORNEAL TRANSPLANT |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 65770[2] | 9 | REVISE CORNEA WITH IMPLANT |
| 65772[19] | 6 | CORRECTION OF ASTIGMATISM |
| 65775[19] | 6 | CORRECTION OF ASTIGMATISM |
| **ANTERIOR SEGMENT - ANTERIOR CHAMBER** | | |
| **CPT SUBSECTION: INCISION** | | |
| 65800 | 2 | DRAINAGE OF EYE |
| 65805 | 2 | DRAINAGE OF EYE |
| 65810 | 5 | DRAINAGE OF EYE |
| 65815 | 4 | DRAINAGE OF EYE |
| 65850 | 6 | INCISION OF EYE |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 65865 | 2 | INCISE INNER EYE ADHESIONS |
| 65870 | 6 | INCISE INNER EYE ADHESIONS |
| 65875 | 6 | INCISE INNER EYE ADHESIONS |
| 65880 | 6 | INCISE INNER EYE ADHESIONS |
| 65900 | 7 | REMOVE EYE LESION |
| 65920 | 9 | REMOVE IMPLANT OF EYE |

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## EYE AND OCULAR ADNEXA (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 65930 | 7 | REMOVE BLOOD CLOT FROM EYE |
| 66020 | 2 | INJECTION TREATMENT OF EYE |
| 66030 | 2 | INJECTION TREATMENT OF EYE |
| **ANTERIOR SEGMENT - ANTERIOR SCLERA** | | |
| **CPT SUBSECTION: EXCISION** | | |
| 66130 | 9 | REMOVE EYE LESION |
| 66150 | 6 | GLAUCOMA SURGERY |
| 66155 | 6 | GLAUCOMA SURGERY |
| 66160 | 4 | GLAUCOMA SURGERY |
| 66165 | 6 | GLAUCOMA SURGERY |
| 66170 | 8 | GLAUCOMA SURGERY |
| 66172 | 6 | INCISION OF EYE |
| 66180[2] | 7 | IMPLANT EYE SHUNT |
| 66185[2] | 4 | REVISE EYE SHUNT |
| **CPT SUBSECTION: REPAIR** | | |
| 66220 | 5 | REPAIR EYE LESION |
| 66225 | 6 | REPAIR/GRAFT EYE LESION |
| **CPT SUBSECTION: REVISION OPERATIVE WOUND** | | |
| 66250 | 4 | FOLLOW-UP SURGERY OF EYE |
| **ANTERIOR SEGMENT - IRIS, CILIARY BODY** | | |
| **CPT SUBSECTION: IRIDOTOMY, IRIDECTOMY** | | |
| 66500 | 2 | INCISION OF IRIS |
| 66505 | 2 | INCISION OF IRIS |
| 66600 | 5 | REMOVE IRIS AND LESION |
| 66605 | 5 | REMOVAL OF IRIS |
| 66625 | 5 | REMOVAL OF IRIS |
| 66630 | 5 | REMOVAL OF IRIS |
| 66635 | 5 | REMOVAL OF IRIS |
| **CPT SUBSECTION: REPAIR** | | |
| 66680 | 5 | REPAIR IRIS & CILIARY BODY |
| 66682 | 4 | REPAIR IRIS & CILIARY BODY |
| **CPT SUBSECTION: DESTRUCTION** | | |
| 66700 | 4 | DESTRUCTION, CILIARY BODY |
| 66710 | 4 | DESTRUCTION, CILIARY BODY |
| 66720 | 4 | DESTRUCTION, CILIARY BODY |
| 66740 | 4 | DESTRUCTION, CILIARY BODY |
| 66762[4] | 2 | REVISION OF IRIS |
| **ANTERIOR SEGMENT - LENS** | | |
| **CPT SUBSECTION: INCISION** | | |
| 66821 | 2 | AFTER CATARACT LASER SURGERY |
| 66825[19] | 6 | REPOSITION INTRAOCULAR LENS |
| **CPT SUBSECTION: REMOVAL CATARACT** | | |
| 66830 | 6 | REMOVAL OF LENS LESION |
| 66840 | 6 | REMOVAL OF LENS MATERIAL |

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## EYE AND OCULAR ADNEXA (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 66850 | 9 | REMOVAL OF LENS MATERIAL |
| 66852 | 6 | REMOVAL OF LENS MATERIAL |
| 66920 | 6 | EXTRACTION OF LENS |
| 66930 | 7 | EXTRACTION OF LENS |
| 66940 | 7 | EXTRACTION OF LENS |
| 66982[15] | 9 | CATARACT SURGERY, COMPLEX |
| 66983 | 9 | CATARACT SURG W/IOL, 1 STAGE |
| 66984 | 9 | CATARACT SURG W/IOL, I STAGE |
| 66985 | 8 | INSERT LENS PROSTHESIS |
| 66986 | 8 | EXCHANGE LENS PROSTHESIS |
| **CPT SUBSECTION: POSTERIOR SEGMENT - VITREOUS** | | |
| 67005 | 6 | PARTIAL REMOVAL OF EYE FLUID |
| 67010 | 6 | PARTIAL REMOVAL OF EYE FLUID |
| 67015 | 2 | RELEASE OF EYE FLUID |
| 67025 | 2 | REPLACE EYE FLUID |
| 67027[19] | 6 | IMPLANT EYE DRUG SYSTEM |
| 67030 | 2 | INCISE INNER EYE STRANDS |
| 67031 | 4 | LASER SURGERY, EYE STRANDS |
| 67036 | 10 | REMOVAL OF INNER EYE FLUID |
| 67038 | 7 | STRIP RETINAL MEMBRANE |
| 67039 | 9 | LASER TREATMENT OF RETINA |
| 67040 | 9 | LASER TREATMENT OF RETINA |
| **POSTERIOR SEGMENT - RETINAL DETACHMENT** | | |
| **CPT SUBSECTION: REPAIR** | | |
| 67101[4] | 6 | REPAIR DETACHED RETINA |
| 67105[4] | 7 | REPAIR DETACHED RETINA |
| 67107 | 10 | REPAIR DETACHED RETINA |
| 67108 | 9 | REPAIR DETACHED RETINA |
| 67109[7] | 7 | REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY TECHNIQUE OTHER THAN 67101-67108 AND 67110 |
| 67112 | 9 | REREPAIR DETACHED RETINA |
| 67115 | 4 | RELEASE ENCIRCLING MATERIAL |
| 67120 | 4 | REMOVE EYE IMPLANT MATERIAL |
| 67121 | 4 | REMOVE EYE IMPLANT MATERIAL |
| **CPT SUBSECTION: PROPHYLAXIS** | | |
| 67141 | 4 | TREATMENT OF RETINA |
| **POSTERIOR SEGMENT - OTHER PROCEDURES** | | |
| **CPT SUBSECTION: DESTRUCTION - RETINA, CHOROID** | | |
| 67208[4] | 2 | TREATMENT OF RETINAL LESION |
| 67218 | 7 | TREATMENT OF RETINAL LESION |
| 67227 | 2 | TREATMENT OF RETINAL LESION |
| **CPT SUBSECTION: SCLERAL REPAIR** | | |
| 67250 | 5 | REINFORCE EYE WALL |
| 67255 | 5 | REINFORCE/GRAFT EYE WALL |

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## EYE AND OCULAR ADNEXA (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| **CPT SUBSECTION: OCULARY ADNEXA - EXTRAOCULAR MUSCLES** | | |
| 67311 | 5 | REVISE EYE MUSCLE |
| 67312 | 6 | REVISE TWO EYE MUSCLES |
| 67314 | 6 | REVISE EYE MUSCLE |
| 67316 | 6 | REVISE TWO EYE MUSCLES |
| 67318 | 6 | REVISE EYE MUSCLE(S) |
| 67320 | 6 | REVISE EYE MUSCLE(S) ADD-ON |
| 67331 | 6 | EYE SURGERY FOLLOW-UP ADD-ON |
| 67332 | 6 | REREVISE EYE MUSCLES ADD-ON |
| 67334[19] | 6 | REVISE EYE MUSCLE W/SUTURE |
| 67335[19] | 6 | EYE SUTURE DURING SURGERY |
| 67340[2] | 6 | REVISE EYE MUSCLE ADD-ON |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 67350 | 2 | BIOPSY EYE MUSCLE |
| **OCULAR ADNEXA - ORBIT** | | |
| **CPT SUBSECTION: EXPLORATION, EXCISION, DECOMPRESSION** | | |
| 67400 | 5 | EXPLORE/BIOPSY EYE SOCKET |
| 67405 | 6 | EXPLORE/DRAIN EYE SOCKET |
| 67412 | 7 | EXPLORE/TREAT EYE SOCKET |
| 67413 | 7 | EXPLORE/TREAT EYE SOCKET |
| 67415 | 2 | ASPIRATION, ORBITAL CONTENTS |
| 67420 | 7 | EXPLORE/TREAT EYE SOCKET |
| 67430 | 7 | EXPLORE/TREAT EYE SOCKET |
| 67440 | 7 | EXPLORE/DRAIN EYE SOCKET |
| 67450 | 7 | EXPLORE/BIOPSY EYE SOCKET |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 67550 | 6 | INSERT EYE SOCKET IMPLANT |
| 67560 | 4 | REVISE EYE SOCKET IMPLANT |
| **OCULAR ADNEXA - EYELIDS** | | |
| **CPT SUBSECTION: INCISION** | | |
| 67715 | 2 | INCISION OF EYELID FOLD |
| **CPT SUBSECTION: EXCISION OR REMOVAL OF LESION INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA)** | | |
| 67808 | 4 | REMOVE EYELID LESION(S) |
| 67830 | 4 | REVISE EYELASHES |
| 67835 | 4 | REVISE EYELASHES |
| **CPT SUBSECTION: TARSORRHAPHY** | | |
| 67880 | 5 | REVISION OF EYELID |
| 67882 | 5 | REVISION OF EYELID |
| **CPT SUBSECTION: REPAIR OF BROW/PTOSIS BLEPHAROPTOSIS, LID RETRACTION** | | |
| 67900[19] | 6 | REPAIR BROW DEFECT |
| 67901 | 7 | REPAIR BROW DEFECT |
| 67902 | 7 | REPAIR EYELID DEFECT |

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## EYE AND OCULAR ADNEXA (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 67903 | 6 | REPAIR EYELID DEFECT |
| 67904 | 6 | REPAIR EYELID DEFECT |
| 67906 | 7 | REPAIR EYELID DEFECT |
| 67908 | 6 | REPAIR EYELID DEFECT |
| 67909 | 6 | REVISE EYELID DEFECT |
| 67911 | 5 | REVISE EYELID DEFECT |
| **CPT SUBSECTION: REPAIR ECTROPION, ENTROPION** | | |
| 67914 | 5 | REPAIR EYELID DEFECT |
| 67916 | 6 | REPAIR EYELID DEFECT |
| 67917 | 6 | REPAIR EYELID DEFECT |
| 67921 | 5 | REPAIR EYELID DEFECT |
| 67923 | 6 | REPAIR EYELID DEFECT |
| 67924 | 6 | REPAIR EYELID DEFECT |
| **CPT SUBSECTION: RECONSTRUCTIVE SURGERY, BLEPHAROPLASTY INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPERBRAL CONJUNCTIVA)** | | |
| 67935 | 4 | REPAIR EYELID WOUND |
| 67950 | 4 | REVISION OF EYELID |
| 67961 | 5 | REVISION OF EYELID |
| 67966 | 5 | REVISION OF EYELID |
| 67971 | 5 | RECONSTRUCTION OF EYELID |
| 67973 | 5 | RECONSTRUCTION OF EYELID |
| 67974 | 5 | RECONSTRUCTION OF EYELID |
| 67975 | 5 | RECONSTRUCTION OF EYELID |
| **OCULAR ADNEXA - CONJUCTIVA** | | |
| **CPT SUBSECTION: EXCISION, DESTRUCTION** | | |
| 68115[19] | 4 | REMOVE EYELID LINING LESION |
| 68130 | 4 | REMOVE EYELID LINING LESION |
| **CPT SUBSECTION: CONJUNCTIVOPLASTY** | | |
| 68320 | 6 | REVISE/GRAFT EYELID LINING |
| 68325 | 6 | REVISE/GRAFT EYELID LINING |
| 68326 | 6 | REVISE/GRAFT EYELID LINING |
| 68328 | 6 | REVISE/GRAFT EYELID LINING |
| 68330 | 6 | REVISE EYELID LINING |
| 68335 | 6 | REVISE/GRAFT EYELID LINING |
| 68340 | 6 | SEPARATE EYELID ADHESIONS |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 68360 | 4 | REVISE EYELID LINING |
| 68362 | 4 | REVISE EYELID LINING |
| **OCULAR ADNEXA - LACRIMINAL SYSTEM** | | |
| **CPT SUBSECTION: EXCISION** | | |
| 68500 | 5 | REMOVAL OF TEAR GLAND |
| 68505 | 5 | PARTIAL REMOVAL, TEAR GLAND |
| 68510 | 2 | BIOPSY OF TEAR GLAND |

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## EYE AND OCULAR ADNEXA (CONTINUED)

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 68520 | 5 | REMOVAL OF TEAR SAC |
| 68525 | 2 | BIOPSY OF TEAR SAC |
| 68540 | 5 | REMOVE TEAR GLAND LESION |
| 68550 | 5 | REMOVE TEAR GLAND LESION |
| **CPT SUBSECTION: REPAIR** | | |
| 68700 | 4 | REPAIR TEAR DUCTS |
| 68720 | 6 | CREATE TEAR SAC DRAIN |
| 68745 | 6 | CREATE TEAR DUCT DRAIN |
| 68750 | 6 | CREATE TEAR DUCT DRAIN |
| 68770[19] | 6 | CLOSE TEAR SYSTEM FISTULA |
| **CPT SUBSECTION: PROBING AND RELATED PROCEDURES** | | |
| 68810[9] | 2 | PROBE NASOLACRIMAL DUCT |
| 68811[9] | 3 | PROBE NASOLACRIMAL DUCT |
| 68815[9] | 3 | PROBE NASOLACRIMAL DUCT |
| 68825[10] | 3 | PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION, UNILATERAL OR BILATERAL; REQUIRING GENERAL ANESTHESIA |

## AUDITORY SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **EXTERNAL EAR** |
| **CPT SUBSECTION: EXCISION** | | |
| 69110 | 2 | REMOVE EXTERNAL EAR, PARTIAL |
| 69120 | 4 | REMOVAL OF EXTERNAL EAR |
| 69140 | 4 | REMOVE EAR CANAL LESION(S) |
| 69145 | 4 | REMOVE EAR CANAL LESION(S) |
| 69150 | 5 | EXTENSIVE EAR CANAL SURGERY |
| **CPT SUBSECTION: REMOVAL OF FOREIGN BODY** | | |
| 69205 | 3 | CLEAR OUTER EAR CANAL |
| **CPT SUBSECTION: REPAIR** | | |
| 69300[19] | 5 | REVISE EXTERNAL EAR |
| 69310 | 5 | REBUILD OUTER EAR CANAL |
| 69320 | 9 | REBUILD OUTER EAR CANAL |
| | | **MIDDLE EAR** |
| **CPT SUBSECTION: INCISION** | | |
| 69421 | 3 | INCISION OF EARDRUM |
| 69424[20] | 1 | REMOVE VENTILATING TUBE |
| 69436 | 3 | CREATE EARDRUM OPENING |
| 69440 | 5 | EXPLORATION OF MIDDLE EAR |
| 69450 | 2 | EARDRUM REVISION |
| **CPT SUBSECTION: EXCISION** | | |
| 69501 | 9 | MASTOIDECTOMY |

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## AUDITORY SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| 69502 | 9 | MASTOIDECTOMY |
| 69505 | 9 | REMOVE MASTOID STRUCTURES |
| 69511 | 9 | EXTENSIVE MASTOID SURGERY |
| 69530 | 9 | EXTENSIVE MASTOID SURGERY |
| 69550 | 7 | REMOVE EAR LESION |
| 69552 | 9 | REMOVE EAR LESION |
| **CPT SUBSECTION: REPAIR** | | |
| 69601 | 9 | MASTOID SURGERY REVISION |
| 69602 | 9 | MASTOID SURGERY REVISION |
| 69603 | 9 | MASTOID SURGERY REVISION |
| 69604 | 9 | MASTOID SURGERY REVISION |
| 69605 | 9 | MASTOID SURGERY REVISION |
| 69620 | 7 | REPAIR OF EARDRUM |
| 69631 | 8 | REPAIR EARDRUM STRUCTURES |
| 69632 | 7 | REBUILD EARDRUM STRUCTURES |
| 69633 | 7 | REBUILD EARDRUM STRUCTURES |
| 69635 | 9 | REPAIR EARDRUM STRUCTURES |
| 69636 | 9 | REBUILD EARDRUM STRUCTURES |
| 69637 | 9 | REBUILD EARDRUM STRUCTURES |
| 69641 | 9 | REVISE MIDDLE EAR & MASTOID |
| 69642 | 9 | REVISE MIDDLE EAR & MASTOID |
| 69643 | 9 | REVISE MIDDLE EAR & MASTOID |
| 69644 | 9 | REVISE MIDDLE EAR & MASTOID |
| 69645 | 9 | REVISE MIDDLE EAR & MASTOID |
| 69646 | 9 | REVISE MIDDLE EAR & MASTOID |
| 69650 | 9 | RELEASE MIDDLE EAR BONE |
| 69660 | 7 | REVISE MIDDLE EAR BONE |
| 69661 | 7 | REVISE MIDDLE EAR BONE |
| 69662 | 7 | REVISE MIDDLE EAR BONE |
| 69666 | 6 | REPAIR MIDDLE EAR STRUCTURES |
| 69667 | 6 | REPAIR MIDDLE EAR STRUCTURES |
| 69670 | 5 | REMOVE MASTOID AIR CELLS |
| 69676 | 5 | REMOVE MIDDLE EAR NERVE |
| **CPT SUBSECTION: OTHER PROCEDURES** | | |
| 69700 | 5 | CLOSE MASTOID FISTULA |
| 69710[20] | 5 | IMPLANT/REPLACE HEARING AID |
| 69711 | 2 | REMOVE/REPAIR HEARING AID |
| 69714[19] | 10 | IMPLANT TEMPLE BONE W/STIMUL |
| 69715[19] | 10 | TEMPLE BNE IMPLNT W/STIMULAT |
| 69717[19] | 10 | TEMPLE BONE IMPLANT REVISION |
| 69718[19] | 10 | REVISE TEMPLE BONE IMPLANT |
| 69720 | 7 | RELEASE FACIAL NERVE |
| 69725 | 7 | RELEASE FACIAL NERVE |
| 69740 | 7 | REPAIR FACIAL NERVE |
| 69745 | 7 | REPAIR FACIAL NERVE |

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## AUDITORY SYSTEM

| CPT CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION** |
|---|---|---|
| | | **INNER EAR** |
| **CPT SUBSECTION: INCISION, DESTRUCTION** | | |
| 69801 | 7 | INCISE INNER EAR |
| 69802 | 9 | INCISE INNER EAR |
| 69805 | 9 | EXPLORE INNER EAR |
| 69806 | 9 | EXPLORE INNER EAR |
| 69820 | 7 | ESTABLISH INNER EAR WINDOW |
| 69840 | 7 | REVISE INNER EAR WINDOW |
| **CPT SUBSECTION: EXCISION** | | |
| 69905 | 9 | REMOVE INNER EAR |
| 69910 | 9 | REMOVE INNER EAR & MASTOID |
| 69915 | 9 | INCISE INNER EAR NERVE |
| **CPT SUBSECTION: INSERTION** | | |
| 69930 | 9 | IMPLANT COCHLEAR DEVICE |

| HCPCS CODE | TRICARE PAYMENT GROUP* | SHORT DESCRIPTION |
|---|---|---|
| G0260[19] | 2 | INJ FOR SACROILLIAC JT ANESTH |

Except as provided below, all procedures are effective as of November 1, 1994

1 Code added for services performed on or after January 1, 1995
2 Code added for services performed on or after February 27, 1995
3 Code deleted for services performed on or after April 1, 1995
4 Code deleted for services performed on or after April 26, 1995
5 Payment group changed for services performed on or after February 27, 1995
6 Code added October 1995 effective for services performed on or after November 1, 1994
7 Code deleted for services performed on or after March 31, 1996
8 Code added for services performed on or after January 1, 1996
9 Code added for services performed on or after January 1, 1997
10 Code deleted for services performed on or after January 1, 1997
11 Code added for services performed on or after November 1, 1998
12 Code deleted for services performed on or after January 1, 2000
13 Code added for services performed on or after January 1, 2000
14 Code deleted for services performed on or after January 1, 2001
15 Code added for services performed on or after January 1, 2001
16 Code added for services performed on or after January 1, 2002
17 Code deleted for services performed on or after January 1, 2002
18 Payment group changed for services performed on or after November 1, 2000
19 Code added for services performed on or after July 1, 2003
20 Code deleted for services performed on or after July 1, 2003
21 Payment group changed for services performed on or after July 1, 2003

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