CHAPTER 9
ADDENDUM B

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES ON OR AFTER 11/01/2003

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

INTEGUMENTARY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
		SKIN, SUBCUTANEOUS AND AREOLAR TISSUES
CPT SUBSECTION: INCISION		
10121	4	REMOVE FOREIGN BODY
10180	4	COMPLEX DRAINAGE, WOUND
CPT SUBSECTION: EXCISION DEBRIDEMENT		
11010	4	DEBRIDE SKIN, FX
11011	4	DEBRIDE SKIN/MUSCLE, FX
11012	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	4	EXC TR-EXT B9+MARG 3.1-4 CM
11406	6	EXC TR-EXT B9+MARG > 4.0 CM
11424	4	EXC H-F-NK-SP B9+MARG 3.1-4
11426	4	EXC H-F-NK-SP B9+MARG > 4 CM
11444	2	EXC FACE-MM B9+MARG 3.1-4 CM
11446	4	EXC FACE-MM B9+MARG > 4 CM
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	EXC TR-EXT MLG+MARG 3.1-4 CM
11606	4	EXC TR-EXT MLG+MARG > 4 CM
11624	4	EXC H-F-NK-SP MLG+MARG 3.1-4
11626	4	EXC H-F-NK-SP MLG+MAR > 4 CM
11644	4	EXC FACE-MM MALIG+MARG 3.1-4

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
11646	4	EXC FACE-MM MLG+MARG > 4 CM
CPT SUBSECTION: MISCELLANEOUS		
11770	6	REMOVAL OF PILONIDAL LESION
11771	6	REMOVAL OF PILONIDAL LESION
11772	6	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	4	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	4	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
13120	4	REPAIR OF WOUND OR LESION
13121	5	REPAIR OF WOUND OR LESION
13131	4	REPAIR OF WOUND OR LESION
13132	5	REPAIR OF WOUND OR LESION
13150	5	REPAIR OF WOUND OR LESION
13151	5	REPAIR OF WOUND OR LESION
13152	5	REPAIR OF WOUND OR LESION
13160	4	LATE CLOSURE OF WOUND
CPT SUBSECTION: ADJACENT TISSUE TRANSFER OR REARRANGEMENT		
14000	4	SKIN TISSUE REARRANGEMENT

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
14001	5	SKIN TISSUE REARRANGEMENT
14020	5	SKIN TISSUE REARRANGEMENT
14021	5	SKIN TISSUE REARRANGEMENT
14040	6	SKIN TISSUE REARRANGEMENT
14041	5	SKIN TISSUE REARRANGEMENT
14060	6	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	4	SKIN FULL GRAFT
15261	4	SKIN FULL GRAFT ADD-ON
15350	4	SKIN HOMOGRAFT
15351	4	SKIN HOMOGRAFT ADD-ON
15400	4	SKIN HETEROGRAFT
15401	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
15600	5	SKIN GRAFT
15610	5	SKIN GRAFT
15620	6	SKIN GRAFT
CPT SUBSECTION: PEDICLE FLAPS (SKIN AND DEEP TISSUES)		
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
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

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
15750	4	NEUROVASCULAR PEDICLE GRAFT
15760	4	COMPOSITE SKIN GRAFT
15770	5	DERMA-FAT-FASCIA GRAFT
15775	5	HAIR TRANSPLANT PUNCH GRAFTS
15776	5	HAIR TRANSPLANT PUNCH GRAFTS
CPT SUBSECTION: MISCELLANEOUS PROCEDURES		
15820	5	REVISION OF LOWER EYELID
15821	5	REVISION OF LOWER EYELID
15822	5	REVISION OF UPPER EYELID
15823	7	REVISION OF UPPER EYELID
15824	5	REMOVAL OF FOREHEAD WRINKLES
15825	5	REMOVAL OF NECK WRINKLES
15826	5	REMOVAL OF BROW WRINKLES
15828	5	REMOVAL OF FACE WRINKLES
15829	7	REMOVAL OF SKIN WRINKLES
15831	5	EXCISE EXCESSIVE SKIN TISSUE
15832	5	EXCISE EXCESSIVE SKIN TISSUE
15833	5	EXCISE EXCESSIVE SKIN TISSUE
15834	5	EXCISE EXCESSIVE SKIN TISSUE
15835	5	EXCISE EXCESSIVE SKIN TISSUE
15840	6	GRAFT FOR FACE NERVE PALSY
15841	6	GRAFT FOR FACE NERVE PALSY
15845	6	SKIN AND MUSCLE REPAIR, FACE
15876	5	SUCTION ASSISTED LIPECTOMY
15877	5	SUCTION ASSISTED LIPECTOMY
15878	5	SUCTION ASSISTED LIPECTOMY
15879	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
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

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
15958	6	REMOVE THIGH PRESSURE SORE
CPT SUBSECTION: BURNS, LOCAL TREATMENT		
16015	4	TREATMENT OF BURN(S)
		BREAST
CPT SUBSECTION: INCISION		
19020	4	INCISION OF BREAST LESION
CPT SUBSECTION: EXCISION		
19100	1	BX BREAST PERCUT W/O IMAGE
19101	5	BIOPSY OF BREAST, OPEN
19102	1	BX BREAST PERCUT W/IMAGE
19103	3	BX BREAST PERCUT W/DEVICE
19110	4	NIPPLE EXPLORATION
19112	5	EXCISE BREAST DUCT FISTULA
19120	7	REMOVAL OF BREAST LESION
19125	6	EXCISION, BREAST LESION
19126	5	EXCISION, ADDL BREAST LESION
19140	6	REMOVAL OF BREAST TISSUE
19160	5	REMOVAL OF BREAST TISSUE
19162	9	REMOVE BREAST TISSUE, NODES
19180	6	REMOVAL OF BREAST
19182	6	REMOVAL OF BREAST
CPT SUBSECTION: INTRODUCTION		
19290	2	PLACE NEEDLE WIRE, BREAST
19291	3	PLACE NEEDLE WIRE, BREAST
CPT SUBSECTION: REPAIR AND RECONSTRUCTION		
19316	6	SUSPENSION OF BREAST
19318	10	REDUCTION OF LARGE BREAST
19324	6	ENLARGE BREAST
19325	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	6	CORRECT INVERTED NIPPLE(S)
19357	7	BREAST RECONSTRUCTION
19366	7	BREAST RECONSTRUCTION
19370	6	SURGERY OF BREAST CAPSULE
19371	6	REMOVAL OF BREAST CAPSULE
19380	7	REVISE BREAST RECONSTRUCTION

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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
20670	6	REMOVAL OF SUPPORT IMPLANT
20680	7	REMOVAL OF SUPPORT IMPLANT
20690	4	APPLY BONE FIXATION DEVICE
20692	5	APPLY BONE FIXATION DEVICE
20693	5	ADJUST BONE FIXATION DEVICE
20694	6	REMOVE BONE FIXATION DEVICE
CPT SUBSECTION: GRAFTS (OR IMPLANTS)		
20900	5	REMOVAL OF BONE FOR GRAFT
20902	6	REMOVAL OF BONE FOR GRAFT
20910	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		
20975	4	ELECTRICAL BONE STIMULATION
		HEAD
CPT SUBSECTION: INCISION		
21010	4	INCISION OF JAW JOINT
CPT SUBSECTION: EXCISION		
21015	5	RESECTION OF FACIAL TUMOR
21025	4	EXCISION OF BONE, LOWER JAW
21026	4	EXCISION OF FACIAL BONE(S)
21029	4	CONTOUR OF FACE BONE LESION
21034	5	EXCISE MAX/ZYGOMA MLG TUMOR
21040	4	EXCISE MANDIBLE LESION
21044	4	REMOVAL OF JAW BONE LESION

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
21046	4	REMOVE MANDIBLE CYST COMPLEX
21047	4	EXCISE LWR JAW CYST W/REPAIR
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	9	RECONSTRUCTION OF CHIN
21122	9	RECONSTRUCTION OF CHIN
21123	9	RECONSTRUCTION OF CHIN
21127	10	AUGMENTATION, LOWER JAW BONE
21181	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	2	REVISION OF JAW MUSCLE/BONE
21296	2	REVISION OF JAW MUSCLE/BONE
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	4	TREATMENT OF NOSE FRACTURE
21325	6	TREATMENT OF NOSE FRACTURE
21330	7	TREATMENT OF NOSE FRACTURE
21335	9	TREATMENT OF NOSE FRACTURE
21336	6	TREAT NASAL SEPTAL FRACTURE
21337	4	TREAT NASAL SEPTAL FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
21338	6	TREAT NASOETHMOID FRACTURE
21339	7	TREAT NASOETHMOID FRACTURE
21340	6	TREATMENT OF NOSE FRACTURE
21345	9	TREAT NOSE/JAW FRACTURE
21355	5	TREAT CHEEK BONE FRACTURE
21400	4	TREAT EYE SOCKET FRACTURE
21401	5	TREAT EYE SOCKET FRACTURE
21421	6	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
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
21497	4	INTERDENTAL WIRING
NECK (SOFT TISSUES) AND THORAX		
CPT SUBSECTION: INCISION		
21501	4	DRAIN NECK/CHEST LESION
21502	4	DRAIN CHEST LESION
CPT SUBSECTION: EXCISION		
21555	4	REMOVE LESION, NECK/CHEST
21556	4	REMOVE LESION, NECK/CHEST
21600	4	PARTIAL REMOVAL OF RIB
21610	4	PARTIAL REMOVAL OF RIB
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
21820	2	TREAT STERNUM FRACTURE
BACK AND FLANK		
CPT SUBSECTION: EXCISION		
21925	4	BIOPSY SOFT TISSUE OF BACK
21930	6	REMOVE LESION, BACK OR FLANK

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
21935	5	REMOVE TUMOR, BACK
		SPINE (VERTEBRAL COLUMN)
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
22305	2	TREAT SPINE PROCESS FRACTURE
22310	2	TREAT SPINE FRACTURE
22315	4	TREAT SPINE FRACTURE
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	5	DRAIN SHOULDER BURSA
23035	5	DRAIN SHOULDER BONE LESION
23040	5	EXPLORATORY SHOULDER SURGERY
23044	6	EXPLORATORY SHOULDER SURGERY
CPT SUBSECTION: EXCISION		
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
23105	6	REMOVE SHOULDER JOINT LINING
23106	6	INCISION OF COLLARBONE JOINT
23107	6	EXPLORE TREAT SHOULDER JOINT
23120	9	PARTIAL REMOVAL, COLLAR BONE
23125	7	REMOVAL OF COLLAR BONE
23130	10	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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	10	REPAIR OF TENDON(S)
23415	7	RELEASE OF SHOULDER LIGAMENT
23420	10	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	2	TREAT CLAVICLE FRACTURE
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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	2	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	2	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	6	RELEASE ELBOW JOINT
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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
24140	5	PARTIAL REMOVAL OF ARM BONE
24145	5	PARTIAL REMOVAL OF RADIUS
24147	4	PARTIAL REMOVAL OF ELBOW
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	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	5	REPAIR ARM TENDON/MUSCLE
24342	5	REPAIR OF RUPTURED TENDON
24345	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
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	2	TREAT HUMERUS FRACTURE
24535	2	TREAT HUMERUS FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	2	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
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	7	INCISION OF TENDON SHEATH
25020	5	DECOMPRESS FOREARM 1 SPACE
25023	5	DECOMPRESS FOREARM 1 SPACE
25024	5	DECOMPRESS FOREARM 2 SPACES
25025	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		
25066	4	BIOPSY FOREARM SOFT TISSUES
25075	4	REMOVE FOREARM LESION SUBCUT
25076	5	REMOVE FOREARM LESION DEEP
25077	5	REMOVE TUMOR, FOREARM/WRIST

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	7	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
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	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)

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
25320	5	REPAIR/REVISE WRIST JOINT
25332	7	REVISE WRIST JOINT
25335	5	REALIGNMENT OF HAND
25337	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
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	2	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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	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
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	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
26040	6	RELEASE PALM CONTRACTURE
26045	5	RELEASE PALM CONTRACTURE
26055	6	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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
26115	4	REMOVE HAND LESION SUBCUT
26116	4	REMOVE HAND LESION, DEEP
26117	5	REMOVE TUMOR, HAND/FINGER
26121	6	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	6	REMOVE TENDON SHEATH LESION
26170	5	REMOVAL OF PALM TENDON, EACH
26180	5	REMOVAL OF FINGER TENDON
26185	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	5	GRAFT HAND OR FINGER TENDON
26418	6	REPAIR FINGER TENDON
26420	6	REPAIR/GRAFT FINGER TENDON
26426	5	REPAIR FINGER/HAND TENDON

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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
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
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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
26545	6	RECONSTRUCT FINGER JOINT
26546	6	REPAIR NONUNION HAND
26548	6	RECONSTRUCT FINGER JOINT
26550	4	CONSTRUCT THUMB REPLACEMENT
26555	5	POSITIONAL CHANGE OF FINGER
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
26587	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
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
26605	4	TREAT METACARPAL FRACTURE
26607	4	TREAT METACARPAL FRACTURE
26608	6	TREAT METACARPAL FRACTURE
26615	6	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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
26850	6	FUSION OF KNUCKLE
26852	6	FUSION OF KNUCKLE WITH GRAFT
26860	5	FUSION OF FINGER JOINT
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	4	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
27000	4	INCISION OF HIP TENDON
27001	5	INCISION OF HIP TENDON
27003	5	INCISION OF HIP TENDON
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	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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS		
27193	2	TREAT PELVIC RING FRACTURE
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	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
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	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	6	REMOVAL OF KNEE CYST
27347	6	REMOVE KNEE CYST
27350	6	REMOVAL OF KNEECAP
27355	5	REMOVE FEMUR LESION
27356	6	REMOVE FEMUR LESION/GRAFT
27357	7	REMOVE FEMUR LESION/GRAFT
27358	7	REMOVE FEMUR LESION/FIXATION
27360	7	PARTIAL REMOVAL, LEG BONE(S)

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: INTRODUCTION AND/OR REMOVAL		
27372	9	REMOVAL OF FOREIGN BODY
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	LAT RETINACULAR RELEASE OPEN
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
27441	7	REVISION OF KNEE JOINT
27442	7	REVISION OF KNEE JOINT
27443	7	REVISION OF KNEE JOINT
27496	7	DECOMPRESSION OF THIGH/KNEE
27497	5	DECOMPRESSION OF THIGH/KNEE
27498	5	DECOMPRESSION OF THIGH/KNEE
27499	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
27508	2	TREATMENT OF THIGH FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
27509	5	TREATMENT OF THIGH FRACTURE
27510	2	TREATMENT OF THIGH FRACTURE
27516	2	TREAT THIGH FX GROWTH PLATE
27517	2	TREAT THIGH FX GROWTH PLATE
27520	2	TREAT KNEECAP FRACTURE
27530	2	TREAT KNEE FRACTURE
27532	2	TREAT KNEE FRACTURE
27538	2	TREAT KNEE FRACTURE(S)
27550	2	TREAT KNEE DISLOCATION
27552	2	TREAT KNEE DISLOCATION
27560	2	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	5	AMPUTATION FOLLOW-UP SURGERY
LEG (TIBIA AND FIBULA) AND ANKLE JOINT		
CPT SUBSECTION: INCISION		
27600	5	DECOMPRESSION OF LOWER LEG
27601	5	DECOMPRESSION OF LOWER LEG
27602	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		
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
27640	4	PARTIAL REMOVAL OF TIBIA
27641	4	PARTIAL REMOVAL OF FIBULA
27647	5	EXTENSIVE ANKLE/HEEL SURGERY

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION		
27650	9	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
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	2	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	2	TREATMENT OF ANKLE FRACTURE
27762	2	TREATMENT OF ANKLE FRACTURE
27766	5	TREATMENT OF ANKLE FRACTURE
27780	2	TREATMENT OF FIBULA FRACTURE
27781	2	TREATMENT OF FIBULA FRACTURE
27784	5	TREATMENT OF FIBULA FRACTURE
27786	2	TREATMENT OF ANKLE FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	5	AMPUTATION OF FOOT AT ANKLE
CPT SUBSECTION: OTHER PROCEDURES		
27892	5	DECOMPRESSION OF LEG
27893	5	DECOMPRESSION OF LEG
27894	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	5	INCISION OF TOE TENDONS
28020	4	EXPLORATION OF FOOT JOINT
28022	4	EXPLORATION OF FOOT JOINT
28024	4	EXPLORATION OF TOE JOINT
28030	6	REMOVAL OF FOOT NERVE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
28035	6	DECOMPRESSION OF TIBIA NERVE
CPT SUBSECTION: EXCISION		
28043	4	EXCISION OF FOOT LESION
28045	5	EXCISION OF FOOT LESION
28046	5	RESECTION OF TUMOR, FOOT
28050	4	BIOPSY OF FOOT JOINT LINING
28052	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	8	REMOVAL OF FOOT LESION
28086	4	EXCISE FOOT TENDON SHEATH
28088	4	EXCISE FOOT TENDON SHEATH
28090	7	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	9	REMOVAL OF HEEL SPUR
28120	9	PART REMOVAL OF ANKLE/HEEL
28122	5	PARTIAL REMOVAL OF FOOT BONE
28126	5	PARTIAL REMOVAL OF TOE
28130	5	REMOVAL OF ANKLE BONE
28140	5	REMOVAL OF METATARSAL
28150	5	REMOVAL OF TOE
28153	5	PARTIAL REMOVAL OF TOE
28160	5	PARTIAL REMOVAL OF TOE
28171	5	EXTENSIVE FOOT SURGERY
28173	5	EXTENSIVE FOOT SURGERY
28175	5	EXTENSIVE FOOT SURGERY
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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	4	INCISION OF FOOT TENDON
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	5	RELEASE OF FOOT CONTRACTURE
28280	4	FUSION OF TOES
28285	8	REPAIR OF HAMMERTOE
28286	6	REPAIR OF HAMMERTOE
28288	5	PARTIAL REMOVAL OF FOOT BONE
28289	5	REPAIR HALLUX RIGIDUS
28290	4	CORRECTION OF BUNION
28292	9	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	10	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	6	INCISION OF METATARSAL
28308	4	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
28320	6	REPAIR OF FOOT BONES
28322	6	REPAIR OF METATARSALS
28340	6	RESECT ENLARGED TOE TISSUE
28341	6	RESECT ENLARGED TOE
28344	6	REPAIR EXTRA TOE(S)
28345	6	REPAIR WEBBED TOE(S)

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	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	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
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

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
28820	4	AMPUTATION OF TOE
28825	4	PARTIAL AMPUTATION OF TOE
CPT SUBSECTION: ARTHROSCOPY		
29800	5	JAW ARTHROSCOPY/SURGERY
29804	5	JAW ARTHROSCOPY/SURGERY
29805	5	SHOULDER ARTHROSCOPY, DX
29806	5	SHOULDER ARTHROSCOPY/SURGERY
29807	5	SHOULDER ARTHROSCOPY/SURGERY
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	7	SHOULDER ARTHROSCOPY/SURGERY
29825	5	SHOULDER ARTHROSCOPY/SURGERY
29826	10	SHOULDER ARTHROSCOPY/SURGERY
29827	7	ARTHROSCOP 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	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	6	HIP ARTHROSCOPY, DX
29861	6	HIP ARTHROSCOPY/SURGERY
29862	10	HIP ARTHROSCOPY/SURGERY
29863	6	HIP ARTHROSCOPY/SURGERY
29870	9	KNEE ARTHROSCOPY, DX
29871	5	KNEE ARTHROSCOPY/DRAINAGE
29874	5	KNEE ARTHROSCOPY/SURGERY
29875	9	KNEE ARTHROSCOPY/SURGERY
29876	9	KNEE ARTHROSCOPY/SURGERY
29877	9	KNEE ARTHROSCOPY/SURGERY
29879	9	KNEE ARTHROSCOPY/SURGERY
29880	9	KNEE ARTHROSCOPY/SURGERY

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
29881	9	KNEE ARTHROSCOPY/SURGERY
29882	9	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	9	KNEE ARTHROSCOPY/SURGERY
29889	5	KNEE ARTHROSCOPY/SURGERY
29891	5	ANKLE ARTHROSCOPY/SURGERY
29892	5	ANKLE ARTHROSCOPY/SURGERY
29893	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	5	ANKLE ARTHROSCOPY/SURGERY
29900	5	MCP JOINT ARTHROSCOPY, DX
29901	5	MCP JOINT ARTHROSCOPY, SURG
29902	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
30125	4	REMOVAL OF NOSE LESION
30130	5	REMOVAL OF TURBINATE BONES
30140	5	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
CPT SUBSECTION: REPAIR		
30400	6	RECONSTRUCTION OF NOSE
30410	7	RECONSTRUCTION OF NOSE
30420	7	RECONSTRUCTION OF NOSE
30430	5	REVISION OF NOSE
30435	7	REVISION OF NOSE
30450	9	REVISION OF NOSE

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RESPIRATORY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
30460	9	REVISION OF NOSE
30462	10	REVISION OF NOSE
30465	10	REPAIR NASAL STENOSIS
30520	8	REPAIR OF NASAL SEPTUM
30540	7	REPAIR NASAL DEFECT
30545	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	2	CONTROL OF NOSEBLEED
30905	2	CONTROL OF NOSEBLEED
30906	2	REPEAT CONTROL OF NOSEBLEED
30915	4	LIGATION, NASAL SINUS ARTERY
30920	5	LIGATION, UPPER JAW ARTERY
30930	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	6	REMOVAL OF FRONTAL SINUS
31084	6	REMOVAL OF FRONTAL SINUS
31085	6	REMOVAL OF FRONTAL SINUS
31086	6	REMOVAL OF FRONTAL SINUS
31087	6	REMOVAL OF FRONTAL SINUS
31090	7	EXPLORATION OF SINUSES
CPT SUBSECTION: EXCISION		
31200	4	REMOVAL OF ETHMOID SINUS
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

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RESPIRATORY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
31239	6	NASAL/SINUS ENDOSCOPY, SURG
31240	4	NASAL/SINUS ENDOSCOPY, SURG
31254	9	REVISION OF ETHMOID SINUS
31255	9	REMOVAL OF ETHMOID SINUS
31256	5	EXPLORATION MAXILLARY SINUS
31267	5	ENDOSCOPY, MAXILLARY SINUS
31276	5	SINUS ENDOSCOPY, SURGICAL
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	4	REVISION OF LARYNX
31420	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	4	OPERATIVE LARYNGOSCOPY
31536	5	OPERATIVE LARYNGOSCOPY
31540	5	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
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		
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	3	DX BRONCHOSCOPE/WASH
31623	4	DX BRONCHOSCOPE/BRUSH
31624	4	DX BRONCHOSCOPE/LAVAGE
31625	4	BRONCHOSCOPY WITH BIOPSY
31628	3	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	4	DIAG BRONCHOSCOPE/CATHETER
31645	2	BRONCHOSCOPY, CLEAR AIRWAYS
31646	2	BRONCHOSCOPY, RECLEAR AIRWAY
31656	2	BRONCHOSCOPY, INJ FOR XRAY
CPT SUBSECTION: INTRODUCTION		
31700	2	INSERTION OF AIRWAY CATHETER
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
CPT SUBSECTION: SUTURE		
31820	2	CLOSURE OF WINDPIPE LESION
31825	4	REPAIR OF WINDPIPE DEFECT
31830	4	REVISE WINDPIPE SCAR
		LUNGS AND PLEURA
CPT SUBSECTION: INCISION		
32000	1	DRAINAGE OF CHEST
CPT SUBSECTION: EXCISION		
32400	2	NEEDLE BIOPSY CHEST LINING
32405	1	BIOPSY, LUNG OR MEDIASTINUM
32420	2	PUNCTURE/CLEAR LUNG

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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	4	REVISE POCKET, PACEMAKER
33223	4	REVISE POCKET, PACING-DEFIB
		ARTERIES AND VEINS
CPT SUBSECTION: REPAIR ARTERIOVENOUS FISTULA		
35188	6	REPAIR BLOOD VESSEL LESION
CPT SUBSECTION: REPAIR BLOOD VESSEL OTHER THAN FOR FISTULA, WITH OR WITHOUT PATCH ANGIOPLASTY		
35207	6	REPAIR BLOOD VESSEL LESION
CPT SUBSECTION: EXPLORATION/REVISION		
35875	10	REMOVAL OF CLOT IN GRAFT
35876	10	REMOVAL OF CLOT IN GRAFT
CPT SUBSECTION: INTRA-ARTERIAL-INTRA-AORTIC		
36260	5	INSERTION OF INFUSION PUMP
36261	4	REVISION OF INFUSION PUMP
36262	2	REMOVAL OF INFUSION PUMP
CPT SUBSECTION: VENOUS		
36488	2	INSERTION OF CATHETER, VEIN
36489	2	INSERTION OF CATHETER, VEIN
36490	2	INSERTION OF CATHETER, VEIN
36491	2	INSERTION OF CATHETER, VEIN
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	3	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	5	AV FUSION/UPPR ARM VEIN
36820	5	AV FUSION/FOREARM VEIN
36821	5	AV FUSION DIRECT ANY SITE
36825	6	ARTERY-VEIN GRAFT
36830	6	ARTERY-VEIN GRAFT

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CARDIOVASCULAR SYSTEM

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
36831	10	OPEN THROMBECT AV FISTULA
36832	6	AV FISTULA REVISION, OPEN
36833	6	AV FISTULA REVISION
36835	6	ARTERY TO VEIN SHUNT
36860	4	EXTERNAL CANNULA DECLOTTING
36861	5	CANNULA DECLOTTING
36870	10	PERCUT THROMBECT AV FISTULA
CPT SUBSECTION: LIGATION AND OTHER PROCEDURES		
37607	5	LIGATION OF A-V FISTULA
37609	4	TEMPORAL ARTERY PROCEDURE
37650	4	REVISION OF MAJOR VEIN
37700	4	REVISE LEG VEIN
37720	9	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	5	PENILE VENOUS OCCLUSION

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	6	BIOPSY/REMOVAL, LYMPH NODES
38505	2	NEEDLE BIOPSY, LYMPH NODES
38510	8	BIOPSY/REMOVAL, LYMPH NODES
38520	4	BIOPSY/REMOVAL, LYMPH NODES
38525	7	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	10	LAPAROSCOPY, LYMPH NODE BIOP
38571	10	LAPAROSCOPY, LYMPHADENECTOMY
38572	10	LAPAROSCOPY, LYMPHADENECTOMY

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HEMIC AND LYMPHATIC SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)		
38740	4	REMOVE ARMPIT LYMPH NODES
38745	6	REMOVE ARMPIT LYMPH NODES
38760	4	REMOVE GROIN LYMPH NODES

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
40654	5	REPAIR LIP
40700	9	REPAIR CLEFT LIP/NASAL
40701	9	REPAIR CLEFT LIP/NASAL
40720	9	REPAIR CLEFT LIP/NASAL
40761	5	REPAIR CLEFT LIP/NASAL
VESTIBULE OF MOUTH		
CPT SUBSECTION: INCISION		
40801	4	DRAINAGE OF MOUTH LESION
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
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		
41005	2	DRAINAGE OF MOUTH LESION

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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		
41112	4	EXCISION OF TONGUE LESION
41113	4	EXCISION OF TONGUE LESION
41114	4	EXCISION OF TONGUE LESION
41116	2	EXCISION OF MOUTH LESION
41120	7	PARTIAL REMOVAL OF TONGUE
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
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		
42107	4	EXCISION LESION, MOUTH ROOF
42120	6	REMOVE PALATE/LESION
42140	4	EXCISION OF UVULA
42145	9	REPAIR PALATE, PHARYNX/UVULA
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

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
42226	7	LENGTHENING OF PALATE
42235	7	REPAIR PALATE
42260	6	REPAIR NOSE TO LIP FISTULA
		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
42320	2	DRAINAGE OF SALIVARY GLAND
42325	4	CREATE SALIVARY CYST DRAIN
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	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

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
42825	7	REMOVAL OF TONSILS
42826	7	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
42890	9	PARTIAL REMOVAL OF PHARYNX
42892	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	5	CONTROL NOSE/THROAT BLEEDING
		ESOPHAGUS
CPT SUBSECTION: ENDOSCOPY		
43200	2	ESOPHAGUS ENDOSCOPY
43201	2	ESOPH SCOPE W/ SUBMUCOUS INJ
43202	2	ESOPHAGUS ENDOSCOPY, BIOPSY
43204	2	ESOPHAGUS ENDOSCOPY & INJECT
43205	2	ESOPHAGUS ENDOSCOPY/LIGATION
43215	2	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	4	ESOPH ENDOSCOPY W/ US EXAM
43232	4	ESOPH ENDOSCOPY W/ US FN BX
43234	2	UPPER GI ENDOSCOPY, EXAM
43235	2	UPPR GI ENDOSCOPY, DIAGNOSIS
43236	4	UPPR GI SCOPY W/ SUBMUC INJ
43239	3	UPPER GI ENDOSCOPY, BIOPSY
43240	4	ESOPH ENDOSCOPE W/ DRAIN CYST
43241	4	UPPER GI ENDOSCOPY WITH TUBE
43242	4	UPPR GI ENDOSCOPY W/ US FN BX
43243	4	UPPER GI ENDOSCOPY & INJECT
43244	4	UPPER GI ENDOSCOPY/LIGATION
43245	4	OPERATIVE UPPER GI ENDOSCOPY

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
43246	4	PLACE GASTROSTOMY TUBE
43247	3	OPERATIVE UPPER GI ENDOSCOPY
43248	3	UPPR GI ENDOSCOPY/GUIDE WIRE
43249	3	ESOPH ENDOSCOPY, DILATION
43250	3	UPPER GI ENDOSCOPY/TUMOR
43251	3	OPERATIVE UPPER GI ENDOSCOPY
43255	4	OPERATIVE UPPER GI ENDOSCOPY
43256	4	UPPR GI ENDOSCOPY W STENT
43258	5	OPERATIVE UPPER GI ENDOSCOPY
43259	4	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	3	DILATE ESOPHAGUS
43453	2	DILATE ESOPHAGUS
43456	4	DILATE ESOPHAGUS
43458	4	DILATE ESOPHAGUS
		STOMACH
CPT SUBSECTION: EXCISION		
43600	2	BIOPSY OF STOMACH
CPT SUBSECTION: LAPAROSCOPY		
43653	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
CPT SUBSECTION: ENDOSCOPY, SMALL BOWEL AND STOMAL		
44360	4	SMALL BOWEL ENDOSCOPY

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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
44369	4	SMALL BOWEL ENDOSCOPY
44370	10	SMALL BOWEL ENDOSCOPY/STENT
44372	4	SMALL BOWEL ENDOSCOPY
44373	4	SMALL BOWEL ENDOSCOPY
44376	4	SMALL BOWEL ENDOSCOPY
44377	4	SMALL BOWEL ENDOSCOPY/BIOPSY
44378	4	SMALL BOWEL ENDOSCOPY
44379	10	S BOWEL ENDOSCOPE W/ STENT
44380	2	SMALL BOWEL ENDOSCOPY
44382	2	SMALL BOWEL ENDOSCOPY
44383	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	4	EXCISION OF RECTAL LESION
45170	4	EXCISION OF RECTAL LESION
CPT SUBSECTION: DESTRUCTION		
45190	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

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
45320	2	PROTOSIGMOIDOSCOPY ABLATE
45321	2	PROTOSIGMOIDOSCOPY VOLVUL
45331	1	SIGMOIDOSCOPY AND BIOPSY
45332	2	SIGMOIDOSCOPY W/FB REMOVAL
45333	2	SIGMOIDOSCOPY & POLYPECTOMY
45334	2	SIGMOIDOSCOPY FOR BLEEDING
45335	2	SIGMOIDOSCOPE W/SUBMUB INJ
45337	2	SIGMOIDOSCOPY & DECOMPRESS
45338	2	SIGMOIDOSCPY W/TUMR REMOVE
45339	2	SIGMOIDOSCOPY W/ABLATE TUMR
45340	2	SIG W/BALLOON DILATION
45355	2	SURGICAL COLONOSCOPY
45378	3	DIAGNOSTIC COLONOSCOPY
45379	4	COLONOSCOPY W/FB REMOVAL
45380	4	COLONOSCOPY AND BIOPSY
45381	4	COLONOSCOPE, SUBMUCOUS INJ
45382	4	COLONOSCOPY/CONTROL BLEEDING
45383	4	LESION REMOVAL COLONOSCOPY
45384	4	LESION REMOVE COLONOSCOPY
45385	4	LESION REMOVAL COLONOSCOPY
45386	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	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	4	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

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
46255	7	HEMORRHOIDECTOMY
46257	5	REMOVE HEMORRHOIDS & FISSURE
46258	5	REMOVE HEMORRHOIDS & FISTULA
46260	9	HEMORRHOIDECTOMY
46261	6	REMOVE HEMORRHOIDS & FISSURE
46262	6	REMOVE HEMORRHOIDS & FISTULA
46270	7	REMOVAL OF ANAL FISTULA
46275	5	REMOVAL OF ANAL FISTULA
46280	6	REMOVAL OF ANAL FISTULA
46285	2	REMOVAL OF ANAL FISTULA
46288	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	4	ANOSCOPY
CPT SUBSECTION: REPAIR		
46700	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	5	REPAIR OF ANAL SPHINCTER
46762	9	IMPLANT ARTIFICIAL SPHINCTER
CPT SUBSECTION: DESTRUCTION		
46917	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	1	NEEDLE BIOPSY OF LIVER
BILIARY TRACT		
CPT SUBSECTION: INTRODUCTION		
47510	4	INSERT CATHETER, BILE DUCT
47511	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

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
47554	5	BILIARY ENDOSCOPY THRU SKIN
47555	5	BILIARY ENDOSCOPY THRU SKIN
47556	10	BILIARY ENDOSCOPY THRU SKIN
CPT SUBSECTION: LAPAROSCOPY		
47560	5	LAPAROSCOPY W/CHOLANGIO
47561	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		
49080	1	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	8	DIAG LAPARO SEPARATE PROC
49321	6	LAPAROSCOPY, BIOPSY
49322	9	LAPAROSCOPY, ASPIRATION
CPT SUBSECTION: INTRODUCTION AND REVISION		
49420	2	INSERT ABDOMINAL DRAIN
49421	2	INSERT ABDOMINAL DRAIN
49422	2	REMOVE PERM CANNULA/CATHETER
49426	4	REVISE ABDOMEN-VENOUS SHUNT
CPT SUBSECTION: HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY		
49495	6	RPR ING HERNIA BABY, REDUC
49496	6	RPR ING HERNIA BABY, BLOCKED
49500	7	RPR ING HERNIA, INIT, REDUCE
49501	10	RPR ING HERNIA, INIT BLOCKED
49505	9	RPR I/HERN INIT REDUC > 5 YR
49507	10	RPR I/HERN INIT BLOCK > 5 YR
49520	9	REREPAIR ING HERNIA, REDUCE
49521	10	REREPAIR ING HERNIA, BLOCKED
49525	6	REPAIR ING HERNIA, SLIDING
49540	4	REPAIR LUMBAR HERNIA
49550	7	RPR FEM HERNIA, INIT, REDUCE
49553	10	RPR FEM HERNIA, INIT BLOCKED
49555	7	REREPAIR FEM HERNIA, REDUCE
49557	10	REREPAIR FEM HERNIA, BLOCKED
49560	9	RPR VENTRAL HERN INIT, REDUC

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
49561	10	RPR VENTRAL HERN INIT, BLOCK
49565	6	REREPAIR VENTRL HERN, REDUCE
49566	10	REREPAIR VENTRL HERN, BLOCK
49568	9	HERNIA REPAIR W/MESH
49570	6	RPR EPIGASTRIC HERN, REDUCE
49572	10	RPR EPIGASTRIC HERN, BLOCK
49580	6	RPR UMBIL HERN, REDUC < 5 YR
49582	10	RPR UMBIL HERN, BLOCK < 5 YR
49585	8	RPR UMBIL HERN, REDUC > 5 YR
49587	10	RPR UMBIL HERN, BLOCK > 5 YR
49590	5	REPAIR SPIGELIAN HERNIA
49600	6	REPAIR UMBILICAL LESION
CPT SUBSECTION: LAPAROSCOPY		
49650	10	LAPARO HERNIA REPAIR INITIAL
49651	9	LAPARO HERNIA REPAIR RECUR

URINARY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
		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: 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
CPT SUBSECTION: OTHER PROCEDURES		
50590	11	FRAGMENTING OF KIDNEY STONE
		URETER
CPT SUBSECTION: INTRODUCTION		
50688	2	CHANGE OF URETER TUBE
CPT SUBSECTION: LAPAROSCOPY		
50947	10	LAPARO NEW URETER/BLADDER

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
50948	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		
51010	2	DRAINAGE OF BLADDER
51020	6	INCISE & TREAT BLADDER
51030	6	INCISE & TREAT BLADDER
51040	6	INCISE & DRAIN BLADDER
51045	6	INCISE BLADDER/DRAIN URETER
51050	6	REMOVAL OF BLADDER STONE
51065	6	REMOVE URETER CALCULUS
51080	2	DRAINAGE OF BLADDER ABSCESS
CPT SUBSECTION: EXCISION		
51500	6	REMOVAL OF BLADDER CYST
51520	6	REMOVAL OF BLADDER LESION
CPT SUBSECTION: INTRODUCTION		
51710	2	CHANGE OF BLADDER TUBE
51715	5	ENDOSCOPIC INJECTION/IMPLANT
CPT SUBSECTION: URODYNAMICS		
51726	1	COMPLEX CYSTOMETROGRAM
51772	2	URETHRA PRESSURE PROFILE
51785	2	ANAL/URINARY MUSCLE STUDY
51880	2	REPAIR OF BLADDER OPENING
CPT SUBSECTION: ENDOSCOPY-SYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY		
52000	3	CYSTOSCOPY
52001	4	CYSTOSCOPY, REMOVAL OF CLOTS
52005	6	CYSTOSCOPY & URETER CATHETER
52007	4	CYSTOSCOPY AND BIOPSY
52010	4	CYSTOSCOPY & DUCT CATHETER
CPT SUBSECTION: TRANSURETHRAL SURGERY (URETHRA AND BLADDER)		
52204	5	CYSTOSCOPY
52214	5	CYSTOSCOPY AND TREATMENT

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
52224	4	CYSTOSCOPY AND TREATMENT
52234	6	CYSTOSCOPY AND TREATMENT
52235	5	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	5	CYSTOSCOPY AND TREATMENT
52282	10	CYSTOSCOPY, IMPLANT STENT
52283	4	CYSTOSCOPY AND TREATMENT
52285	4	CYSTOSCOPY AND TREATMENT
52290	4	CYSTOSCOPY AND TREATMENT
52300	4	CYSTOSCOPY AND TREATMENT
52305	4	CYSTOSCOPY AND TREATMENT
52310	5	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
52325	6	CYSTOSCOPY, STONE REMOVAL
52327	4	CYSTOSCOPY, INJECT MATERIAL
52330	4	CYSTOSCOPY AND TREATMENT
52332	6	CYSTOSCOPY AND TREATMENT
52334	5	CREATE PASSAGE TO KIDNEY
52341	5	CYSTO W/URETER STRICTURE TX
52342	5	CYSTO W/UP STRICTURE TX
52343	5	CYSTO W/RENAL STRICTURE TX
52344	5	CYSTO/URETERO, STONE REMOVE
52345	5	CYSTO/URETERO W/UP STRICTURE
52346	5	CYSTOURETERO W/RENAL STRICT
52351	5	CYSTOURETRO & OR PYELOSCOPE
52352	8	CYSTOURETRO W/STONE REMOVE
52353	9	CYSTOURETERO W/LITHOTRIPSY
52354	6	CYSTOURETRO & OR PYELOSCOPE
52355	6	CYSTOURETERO W/EXCISE TUMOR
CPT SUBSECTION: TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)		
52400	5	CYSTOURETERO W/CONGEN REPR
52450	5	INCISION OF PROSTATE
52500	5	REVISION OF BLADDER NECK
52510	5	DILATION PROSTATIC URETHRA
52601	6	PROSTATECTOMY (TURP)
52606	2	CONTROL POSTOP BLEEDING

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	10	LASER SURGERY OF PROSTATE
52648	10	LASER SURGERY OF PROSTATE
52700	4	DRAINAGE OF PROSTATE ABSCESS
		URETHRA
CPT SUBSECTION: INCISION		
53000	2	INCISION OF URETHRA
53010	2	INCISION OF URETHRA
53020	2	INCISION OF URETHRA
53040	4	DRAINAGE OF URETHRA ABSCESS
53080	5	DRAINAGE OF URINARY LEAKAGE
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	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	4	RECONSTRUCT URETHRA/BLADDER
53440	4	CORRECT BLADDER FUNCTION
53442	2	REMOVE PERINEAL PROSTHESIS
53444	4	INSERT TANDEM CUFF
53445	2	INSERT URO/VES NCK SPHINCTER
53446	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

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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	10	PROSTATIC MICROWAVE THERMOTX

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	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	4	TREAT PENIS LESION, GRAFT
54112	4	TREAT PENIS LESION, GRAFT
54115	2	TREATMENT OF PENIS LESION
54120	4	PARTIAL REMOVAL OF PENIS
54150	2	CIRCUMCISION
54152	2	CIRCUMCISION
54160	4	CIRCUMCISION
54161	6	CIRCUMCISION
54162	4	LYSIS PENIL CIRCUMCIS LESION
54163	4	REPAIR OF CIRCUMCISION
54164	4	FRENULOTOMY OF PENIS
CPT SUBSECTION: INTRODUCTION		
54205	6	TREATMENT OF PENIS LESION
54220	2	TREATMENT OF PENIS LESION

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MALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: REPAIR		
54300	5	REVISION OF PENIS
54304	5	REVISION OF PENIS
54308	5	RECONSTRUCTION OF URETHRA
54312	5	RECONSTRUCTION OF URETHRA
54316	5	RECONSTRUCTION OF URETHRA
54318	5	RECONSTRUCTION OF URETHRA
54322	5	RECONSTRUCTION OF URETHRA
54324	5	RECONSTRUCTION OF URETHRA
54326	5	RECONSTRUCTION OF URETHRA
54328	5	REVISE PENIS/URETHRA
54340	5	SECONDARY URETHRAL SURGERY
54344	5	SECONDARY URETHRAL SURGERY
54348	5	SECONDARY URETHRAL SURGERY
54352	5	RECONSTRUCT URETHRA/PENIS
54360	5	PENIS PLASTIC SURGERY
54380	5	REPAIR PENIS
54385	5	REPAIR PENIS
54400	5	INSERT SEMI-RIGID PROSTHESIS
54401	5	INSERT SEMI-RIGID PROSTHESIS
54405	5	INSERT MULTI-COMP PENIS PROS
54406	5	REMOVE MULTI-COMP PENIS PROSTH
54408	5	REPAIR MULTI-COMP PENIS PROS
54410	5	REMOVE/REPLACE PENIS PROSTH
54415	5	REMOVE SELF-CONTD PENIS PROS
54416	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
54512	4	EXCISE LESION TESTIS
54520	5	REMOVAL OF TESTIS
54522	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	8	SUSPENSION OF TESTIS
54660	4	REVISION OF TESTIS

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MALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
54670	5	REPAIR TESTIS INJURY
54680	5	RELOCATION OF TESTIS(ES)
CPT SUBSECTION: LAPAROSCOPY		
54690	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
CPT SUBSECTION: REPAIR		
54900	6	FUSION OF SPERMATIC DUCTS
54901	6	FUSION OF SPERMATIC DUCTS
		TUNICA VAGINALIS
CPT SUBSECTION: EXCISION		
55040	7	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	4	REMOVAL OF SPERM DUCT(S)
CPT SUBSECTION: REPAIR		
55400	2	REPAIR OF SPERM DUCT

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MALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
		SPERMATIC CORD
CPT SUBSECTION: EXCISION		
55500	5	REMOVAL OF HYDROCELE
55520	6	REMOVAL OF SPERM CORD LESION
55530	8	REVISE SPERMATIC CORD VEINS
55535	6	REVISE SPERMATIC CORD VEINS
55540	7	REVISE HERNIA & SPERM VEINS
CPT SUBSECTION: LAPAROSCOPY		
55550	10	LAPARO LIGATE SPERMATIC VEIN
		SEMINAL VESICLES
CPT SUBSECTION: EXCISION		
55680	2	REMOVE SPERM POUCH LESION
		PROSTATE
CPT SUBSECTION: INCISION		
55700	3	BIOPSY OF PROSTATE
55705	4	BIOPSY OF PROSTATE
55720	2	DRAINAGE OF PROSTATE ABSCESS
55725	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**
		VULVA, PERINEUM, AND INTROITUS
CPT SUBSECTION: INCISION		
56440	4	SURGERY FOR VULVA LESION
56441	2	LYSIS OF LABIAL LESION(S)
CPT SUBSECTION: DESTRUCTION		
56515	5	DESTROY VULVA LESION/S COMPL
CPT SUBSECTION: EXCISION		
56620	7	PARTIAL REMOVAL OF VULVA
56625	9	COMPLETE REMOVAL OF VULVA
56700	2	PARTIAL REMOVAL OF HYMEN
56720	2	INCISION OF HYMEN
56740	5	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

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FEMALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
57010	4	DRAINAGE OF PELVIC ABSCESS
57020	4	DRAINAGE OF PELVIC FLUID
57023	2	I & D VAG HEMATOMA, NON-OB
CPT SUBSECTION: DESTRUCTION		
57065	2	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	7	REPAIR BLADDER AND VAGINA
57291	7	CONSTRUCTION OF VAGINA
57300	5	REPAIR RECTUM-VAGINA FISTULA
CPT SUBSECTION: MANIPULATION		
57400	4	DILATION OF VAGINA
57410	4	PELVIC EXAMINATION
57415	4	REMOVE VAGINAL FOREIGN BODY
CERVIX UTERI		
CPT SUBSECTION: EXCISION		
57513	4	LASER SURGERY OF CERVIX
57520	7	CONIZATION OF CERVIX
57522	6	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		
57820	5	D & C OF RESIDUAL CERVIX

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FEMALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
		CORPUS UTERI
CPT SUBSECTION: EXCISION		
58120	6	DILATION AND CURETTAGE
58145	7	REMOVAL OF UTERUS LESION
CPT SUBSECTION: INTRODUCTION		
58350	5	REOPEN FALLOPIAN TUBE
58353	6	ENDOMETR ABLATE, THERMAL
CPT SUBSECTION: LAPAROSCOPY		
58545	10	LAPAROSCOPIC MYOMECTOMY
58546	10	LAPARO-MYOMECTOMY, COMPLEX
58550	10	LAPARO-ASST VAG HYSTERECTOMY
58555	2	HYSTEROSCOPY, DX, SEP PROC
58558	7	HYSTEROSCOPY, BIOPSY
58559	4	HYSTEROSCOPY, LYSIS
58560	5	HYSTEROSCOPY, RESECT SEPTUM
58561	5	HYSTEROSCOPY, REMOVE MYOMA
58562	5	HYSTEROSCOPY, REMOVE FB
58563	9	HYSTEROSCOPY, ABLATION
		OVIDUCT
CPT SUBSECTION: INCISION		
58600	9	DIVISION OF FALLOPIAN TUBE
58615	9	OCCLUDE FALLOPIAN TUBE(S)
CPT SUBSECTION: LAPAROSCOPY		
58660	9	LAPAROSCOPY, LYSIS
58661	10	LAPAROSCOPY, REMOVE ADNEXA
58662	9	LAPAROSCOPY, EXCISE LESIONS
58670	9	LAPAROSCOPY, TUBAL CAUTERY
58671	8	LAPAROSCOPY, TUBAL BLOCK
58672	7	LAPAROSCOPY, FIMBRIOPLASTY
58673	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	5	D & C AFTER DELIVERY
CPT SUBSECTION: REPAIR		
59320	2	REVISION OF CERVIX
CPT SUBSECTION: VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE		
59414	1	DELIVER PLACENTA

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FEMALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: ABORTION		
59812	6	TREATMENT OF MISCARRIAGE
59820	6	CARE OF MISCARRIAGE
59821	7	TREATMENT OF MISCARRIAGE
59840	7	ABORTION
59841	7	ABORTION
CPT SUBSECTION: OTHER PROCEDURES		
59870	7	EVACUATE M OLE OF UTERUS
59871	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
60280	6	REMOVE THYROID DUCT LESION
60281	6	REMOVE THYROID DUCT LESION

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	5	IMPLANT NEUROSTIM ARRAYS
61888	2	REVISE/REMOVE NEURORECEIVER
CPT SUBSECTION: CSF SHUNT		
62194	2	REPLACE/IRRIGATE CATHETER

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NERVOUS SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
62225	2	REPLACE/IRRIGATE CATHETER
62230	4	REPLACE/REVISE BRAIN SHUNT
62263	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	1	TREAT EPIDURAL SPINE LESION
62280	2	TREAT SPINAL CORD LESION
62281	2	TREAT SPINAL CORD LESION
62282	2	TREAT SPINAL CANAL LESION
62287	10	PERCUTANEOUS DISKECTOMY
62294	5	INJECTION INTO SPINAL ARTERY
62310	2	INJECT SPINE C/T
62311	2	INJECT SPINE L/S (CD)
62318	2	INJECT SPINE W/CATH, C/T
62319	2	INJECT SPINE W/CATH L/S (CD)
CPT SUBSECTION: CATHETER IMPLANTATION		
62350	4	IMPLANT SPINAL CANAL CATH
62355	4	REMOVE SPINAL CANAL CATHETER
CPT SUBSECTION: RESERVOIR/PUMP IMPLANTATION		
62360	4	INSERT SPINE INFUSION DEVICE
62361	4	IMPLANT SPINE INFUSION PUMP
62362	4	IMPLANT SPINE INFUSION PUMP
62365	4	REMOVE SPINE INFUSION DEVICE
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

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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
64470	2	INJ PARAVERTEBRAL C/T
64472	2	INJ PARAVERTEBRAL C/T ADD-ON
64475	2	INJ PARAVERTEBRAL L/S
64476	2	INJ PARAVERTEBRAL L/S ADD-ON
64479	2	INJ FORAMEN EPIDURAL C/T
64480	2	INJ FORAMEN EPIDURAL ADD-ON
64483	2	INJ FORAMEN EPIDURAL L/S
64484	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	2	IMPLANT NEUROELECTRODES
64573	2	IMPLANT NEUROELECTRODES
64575	2	IMPLANT NEUROELECTRODES
64577	2	IMPLANT NEUROELECTRODES
64580	2	IMPLANT NEUROELECTRODES
64585	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	5	DESTR PARAVERTEBRL NERVE L/S
64623	2	DESTR PARAVERTEBRAL N ADD-ON
64626	2	DESTR PARAVERTEBRL NERVE C/T
64627	2	DESTR PARAVERTEBRAL N ADD-ON
64630	4	INJECTION TREATMENT OF NERVE
CPT SUBSECTION: SYMPATHETIC NERVES		
64680	4	INJECTION TREATMENT OF NERVE

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

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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)
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	7	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	6	REMOVE SYMPATHETIC NERVES

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

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: NERVE REPAIR BY SUTURE (NEUROREPHAPHY)		
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
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: NEUROREPHAPHY WITH NERVE GRAFT		
64885	4	NERVE GRAFT, HEAD OR NECK
64886	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

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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
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	6	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	9	REVISE CORNEA WITH IMPLANT
65772	6	CORRECTION OF ASTIGMATISM
65775	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

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
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
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	6	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

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
		ANTERIOR SEGMENT - LENS
CPT SUBSECTION: INCISION		
66821	2	AFTER CATARACT LASER SURGERY
66825	6	REPOSITION INTRAOCULAR LENS
CPT SUBSECTION: REMOVAL CATARACT		
66830	6	REMOVAL OF LENS LESION
66840	6	REMOVAL OF LENS MATERIAL
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	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	6	IMPLANT EYE DRUG SYSTEM
67030	2	INCISE INNER EYE STRANDS
67031	4	LASER SURGERY, EYE STRANDS
67036	6	REMOVAL OF INNER EYE FLUID
67038	10	STRIP RETINAL MEMBRANE
67039	9	LASER TREATMENT OF RETINA
67040	10	LASER TREATMENT OF RETINA
		POSTERIOR SEGMENT - RETINAL DETACHMENT
CPT SUBSECTION: REPAIR		
67107	10	REPAIR DETACHED RETINA
67108	10	REPAIR DETACHED RETINA
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		
67218	7	TREATMENT OF RETINAL LESION
67227	2	TREATMENT OF RETINAL LESION

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: SCLERAL REPAIR		
67250	5	REINFORCE EYE WALL
67255	5	REINFORCE/GRAFT EYE WALL
CPT SUBSECTION: OCULARY ADNEXA - EXTRAOCULAR MUSCLES		
67311	8	REVISE EYE MUSCLE
67312	9	REVISE TWO EYE MUSCLES
67314	8	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	6	REVISE EYE MUSCLE W/SUTURE
67335	6	EYE SUTURE DURING SURGERY
67340	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

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: REPAIR OF BROW/PTOSIS BLEPHAROPTOSIS, LID RETRACTION		
67900	6	REPAIR BROW DEFECT
67901	7	REPAIR BROW DEFECT
67902	7	REPAIR EYELID DEFECT
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	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

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
		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
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	6	CLOSE TEAR SYSTEM FISTULA
CPT SUBSECTION: PROBING AND RELATED PROCEDURES		
68810	2	PROBE NASOLACRIMAL DUCT
68811	4	PROBE NASOLACRIMAL DUCT
68815	4	PROBE NASOLACRIMAL DUCT

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	5	INCISION OF EARDRUM
69436	4	CREATE EARDRUM OPENING
69440	5	EXPLORATION OF MIDDLE EAR
69450	2	EARDRUM REVISION

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AUDITORY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
CPT SUBSECTION: EXCISION		
69501	9	MASTOIDECTOMY
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	5	REPAIR OF EARDRUM
69631	10	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
69711	2	REMOVE/REPAIR HEARING AID
69714	10	IMPLANT TEMPLE BONE W/STIMUL
69715	10	TEMPLE BNE IMPLNT W/STIMULAT
69717	10	TEMPLE BONE IMPLANT REVISION
69718	10	REVISE TEMPLE BONE IMPLANT
69720	7	RELEASE FACIAL NERVE
69725	7	RELEASE FACIAL NERVE
69740	7	REPAIR FACIAL NERVE

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AUDITORY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP*	SHORT DESCRIPTION**
69745	7	REPAIR FACIAL NERVE
		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	2	INJ FOR SACROILLIAC JT ANESTH

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