

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ABDOMINOPLASTY, LESS THAN 1 HOUR OF OPERATIVE TIME</b>	<b>ABDOMINOPLASTY MINIMUM</b>	15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Aesthetics, Plastics
<b>ABDOMINOPLASTY, MORE THAN 1 HOUR OF OPERATIVE TIME</b>	<b>ABDOMINOPLASTY MAXIMUM</b>	15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Aesthetics, Plastics
<b>ABLATION AP</b>			Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR ATRIAL FIBRILLATION</b>	<b>ABLATION A-FIB</b>	*33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass *33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass *33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n 93654 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR ATRIAL FLUTTER</b>	<b>ABLATION A-FLUTTER</b>	*33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass *33251 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR ATRIAL TACHYCARDIA</b>	<b>ABLATION ATRIAL TACHYCARDIA</b>	*33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass *33251 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR ATRIOVENTRICULAR NODAL REENTRY TACHYCARDIA</b>	<b>ABLATION AVNRT</b>	*33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass *33251 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	Cardiac, Cardiovascular

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<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR PREMATURE VENTRICULAR CONTRACTIONS</b>	<b>ABLATION PVC</b>	*33261 Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass	Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR SUPRAVENTRICULAR TACHYCARDIA BY INTRACARDIAC CATHETER</b>	<b>ABLATION SVT</b>	*33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass  93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR VENTRICULAR TACHYCARDIA</b>	<b>ABLATION VT</b>	*33261 Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass  93654 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	Cardiac, Cardiovascular
<b>ABLATION, ARRHYTHMOGENIC FOCUS, FOR WOLFF-PARKINSON-WHITE SYNDROME</b>	<b>ABLATION WPW</b>	*33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass  *33251 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass	Cardiac, Cardiovascular
<b>ABLATION, ATRIOVENTRICULAR (AV) NODE</b>	<b>ABLATION AV NODE</b>	93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	Cardiac, Cardiovascular
<b>ABLATION, CARDIAC, CONVERGENT</b>		*33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass  *33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Cardiac/Open Heart
<b>ABLATION, LESION, ANUS, USING ARGON LASER</b>	<b>LASER ABLATION ANAL LESION W ARGON LASER AND ANESTHESIA</b>	46917 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery  46924 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	Colorectal
<b>ABLATION, LESION, CERVIX AND VULVA, USING CO2 LASER</b>	<b>LASER VAPORIZATION CERVIX/VULVA W CO2 LASER</b>	56501 Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)  56515 Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)  57513 Cautery of cervix; laser ablation	Gynecology
<b>ABLATION, LESION, PERIRECTAL, USING CO2 LASER</b>	<b>LASER VAPORIZATION RECTAL/PERIRECTAL AREA W CO2 LASER</b>	45190 Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach	Colorectal, General

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<b>ABLATION, PLANTAR WART, USING CO2 LASER</b>	<b>LASER VAPORIZATION (WARTS/LESIONS) PLANTAR FOOT W CO2 LASER</b>	17110 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	Podiatry
<b>ABLATION, TISSUE, CARDIAC SEPTUM, USING ALCOHOL</b>	<b>ABLATION ASA</b>	*93583 Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Cardiac, Cardiovascular
<b>ABLATION, VEIN, SAPHENOUS, USING STAB PHLEBECTOMY, BILATERAL</b>	<b>ABLATION RADIOFREQUENCY SAPHENOUS W PHLEBECTOMY BILATERAL</b>	36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated 36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated 37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions 37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions 37799 Unlisted procedure, vascular surgery	Vascular
<b>ABLATION, VEIN, SAPHENOUS, USING STAB PHLEBECTOMY, UNILATERAL</b>	<b>ABLATION RADIOFREQUENCY SAPHENOUS W PHLEBECTOMY UNILATERAL</b>	36473 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated 36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated 36478 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated 36482 Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated 37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions 37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions 37799 Unlisted procedure, vascular surgery	Vascular
<b>ACROMIOPLASTY, ARTHROSCOPIC, WITH DISTAL CLAVICLE EXCISION</b>	<b>ARTHROSCOPY DISTAL CLAVICLE ACROMIOPLASTY/REPAIR/EXCISION</b>	29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	Orthopedics

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<b>ACROMIOPLASTY, ARTHROSCOPIC, WITH DISTAL CLAVICLE EXCISION</b>	<b>ARTHROSCOPY DISTAL CLAVICLE ACROMIOPLASTY/REPAIR/EXCISION</b>	29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Orthopedics
<b>ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TYMPANOSTOMY TUBE INSERTION</b>	<b>MYRINGOTOMY W TUBES W ADENOIDECTOMY BILATERAL</b>	42830 Adenoidectomy, primary; younger than age 12 42831 Adenoidectomy, primary; age 12 or over 42835 Adenoidectomy, secondary; younger than age 12 42836 Adenoidectomy, secondary; age 12 or over 69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia 69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	ENT
<b>ADENOIDECTOMY, WITH UNILATERAL MYRINGOTOMY AND TYMPANOSTOMY TUBE INSERTION</b>	<b>MYRINGOTOMY W TUBES W ADENOIDECTOMY UNILATERAL</b>	42830 Adenoidectomy, primary; younger than age 12 42831 Adenoidectomy, primary; age 12 or over 69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	ENT
<b>ADENOIDECTOMY</b>	<b>ADENOIDECTOMY</b>	42830 Adenoidectomy, primary; younger than age 12 42831 Adenoidectomy, primary; age 12 or over 42835 Adenoidectomy, secondary; younger than age 12 42836 Adenoidectomy, secondary; age 12 or over	ENT
<b>ADRENALECTOMY, LAPAROSCOPIC</b>	<b>ADRENALECTOMY LAPAROSCOPY</b>	*60650 Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	General, Urology
<b>ADRENALECTOMY, ROBOT-ASSISTED, USING XI</b>	<b>ADRENALECTOMY COMPLETE/PARTIAL W XI ROBOTICS</b>	*60650 Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	General Robotics, Urology Robotics
<b>ADRENALECTOMY</b>	<b>ADRENALECTOMY</b>	*60540 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);	General, Urology
<b>ADVANCEMENT, FLAP, ENDORECTAL</b>	<b>FLAP ENDORECTAL ADVANCEMENT</b>	46288 Closure of anal fistula with rectal advancement flap	Colorectal, General
<b>ADVANCEMENT, LEVATOR MUSCLE, UPPER EYELID, BILATERAL</b>	<b>LEVATOR ADVANCE LID BILATERAL</b>	67903 Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach 67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Plastics
<b>ALLOGRAFT, OSTEOCHONDRAL, KNEE, OPEN</b>	<b>OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION OPEN KNEE</b>	27415 Osteochondral allograft, knee, open	Orthopedics
<b>ALVEOLOPLASTY, MAXILLA OR MANDIBLE</b>	<b>ALVEOLOPLASTY MAXILLA/MANDIBLE</b>	41874 Alveoloplasty, each quadrant (specify)	ENT, Maxillofacial
<b>AMPUTATION, ABOVE KNEE</b>	<b>AMPUTATION LEG ABOVE KNEE</b>	27590 Amputation, thigh, through femur, any level; 27591 Amputation, thigh, through femur, any level; immediate fitting technique including first cast 27592 Amputation, thigh, through femur, any level; open, circular (guillotine)	Orthopedics, Vascular
<b>AMPUTATION, BELOW KNEE</b>	<b>AMPUTATION LEG BELOW KNEE</b>	27880 Amputation, leg, through tibia and fibula; 27881 Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast	Orthopedics, Vascular

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<b>AMPUTATION, BELOW KNEE</b>	<b>AMPUTATION LEG BELOW KNEE</b>	27882 Amputation, leg, through tibia and fibula; open, circular (guillotine)	Orthopedics, Vascular
<b>AMPUTATION, FINGER</b>	<b>AMPUTATION FINGER</b>	26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure 26952 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	Orthopedics, Vascular
<b>AMPUTATION, FOOT, AT ANKLE</b>	<b>AMPUTATION FOOT/ANKLE</b>	27888 Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	Orthopedics, Podiatry, Vascular
<b>AMPUTATION, FOOT, TRANSMETATARSAL</b>	<b>AMPUTATION TRANSMETATARSAL</b>	28805 Amputation, foot; transmetatarsal	General, Orthopedics, Podiatry, Vascular
<b>AMPUTATION, METACARPAL BONE, WITH FINGER</b>	<b>AMPUTATION FINGER RAE</b>	26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	Orthopedics
<b>AMPUTATION, TOE, 2 OR MORE TOES</b>	<b>AMPUTATION TOES MULTIPLE</b>	28810 Amputation, metatarsal, with toe, single 28820 Amputation, toe; metatarsophalangeal joint 28825 Amputation, toe; interphalangeal joint	Orthopedics, Podiatry, Vascular
<b>AMPUTATION, TOE</b>	<b>AMPUTATION TOE</b>	28820 Amputation, toe; metatarsophalangeal joint 28825 Amputation, toe; interphalangeal joint	Orthopedics, Podiatry, Vascular
<b>AMPUTATION, UPPER EXTREMITY</b>	<b>AMPUTATION ARM</b>	23900 Interthoracoscapular amputation (forequarter) 23920 Disarticulation of shoulder; 24900 Amputation, arm through humerus; with primary closure 24920 Amputation, arm through humerus; open, circular (guillotine) 24931 Amputation, arm through humerus; with implant 25900 Amputation, forearm, through radius and ulna; 25905 Amputation, forearm, through radius and ulna; open, circular (guillotine) 25920 Disarticulation through wrist; 25927 Transmetacarpal amputation; 26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer 26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure 26952 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	Orthopedics
<b>ANESTHESIA MISCELLANEOUS PROCEDURE</b>	<b>PACU ADD ON ANESTHESIA MISC IP</b>		Anesthesiology
<b>ANGIOGRAM, BRACHIOCEPHALIC</b>	<b>ANGIOGRAM INNOMINATE</b>	36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular

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<b>ANGIOGRAM, BYPASS GRAFT, RADIAL</b>	<b>ANGIOGRAM RADIAL BYPASS GRAFT</b>	93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Cardiac, Cardiovascular
<b>ANGIOGRAM, BYPASS GRAFT</b>	<b>ANGIOGRAM ARTERIAL BYPASS GRAFT</b>	93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Cardiac, Cardiovascular
		93457 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
		93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
		93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
<b>ANGIOGRAM, CEREBRAL</b>	<b>ANGIOGRAM CEREBRAL</b>	36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the ce	Cardiac, Cardiovascular
		36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the c	
		36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the e	
		36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and ce	
		36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per	

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New Name	Old Name	CPT Code	Service
<b>ANGIOGRAM, CEREBRAL</b>	<b>ANGIOGRAM CEREBRAL</b>	36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	Cardiac, Cardiovascular
<b>ANGIOGRAM, CORONARY SINUS</b>	<b>ANGIOGRAM CORONARY SINUS</b>	93799 Unlisted cardiovascular service or procedure	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>ANGIOGRAM, INFERIOR MESENTERIC</b>	<b>ANGIOGRAM INFERIOR MESENTERIC</b>	36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family 75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOGRAM, INFRAPOPLITEAL</b>	<b>ANGIOGRAM INFRAPOPLITEAL</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family 37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOGRAM, LOWER EXTREMITY</b>	<b>ANGIOGRAM LOWER EXTREMITY</b>	36140 Introduction of needle or intracatheter, upper or lower extremity artery 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family 36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family 36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family 36248 Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriat 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOGRAM, RENAL</b>	<b>ANGIOGRAM RENAL</b>	36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of	Cardiac, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>ANGIOGRAM, RENAL</b>	<b>ANGIOGRAM RENAL</b>	36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of	Cardiac, Cardiovascular
		36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post	
		36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post	
<b>ANGIOGRAM, SUBCLAVIAN VESSEL</b>	<b>ANGIOGRAM SUBCLAVIAN</b>	36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per	Cardiac, Cardiovascular
		75710 Angiography, extremity, unilateral, radiological supervision and interpretation	
		75716 Angiography, extremity, bilateral, radiological supervision and interpretation	
<b>ANGIOGRAM, UPPER EXTREMITY</b>	<b>ANGIOGRAM UPPER EXTREMITY</b>	36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	Cardiac, Cardiovascular
		36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	
		36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	
		75710 Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAM, USING PRESSURE WIRE, WITH LASER-ASSISTED ANGIOPLASTY</b>	<b>PERIPHERAL LASER INTERVENTION</b>		Cardiac, Cardiovascular
<b>ANGIOGRAM, VASCULAR BYPASS GRAFT</b>	<b>BYPASS GRAFT STUDY</b>	93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Cardiac, Cardiac/Open Heart, Cardiovascular
		93457 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	



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<b>ANGIOGRAM, VASCULAR BYPASS GRAFT</b>	<b>BYPASS GRAFT STUDY</b>	93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	Cardiac, Cardiac/Open Heart, Cardiovascular
		93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
<b>ANGIOGRAM, VERTEBRAL VESSEL</b>	<b>ANGIOGRAM VERTEBRAL</b>	36221 Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the ce	Cardiac, Cardiovascular
		36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per	
		36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed	
		36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral arter	
<b>ANGIOGRAM, WITH ANGIOPLASTY AND STENT INSERTION IF INDICATED</b>	<b>ANGIOPLASTY W POSSIBLE STENT</b>	37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima	Vascular
		37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	
		37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	
		37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p	

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<b>ANGIOGRAM, WITH ANGIOPLASTY AND STENT INSERTION IF INDICATED</b>	<b>ANGIOPLASTY W POSSIBLE STENT</b>	37236	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	Vascular
		37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	
		37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	
		37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code f	
<b>ANGIOGRAM, WITH COIL EMBOLIZATION IF INDICATED</b>	<b>ANGIOGRAM W POSSIBLE COIL EMBOLIZATION</b>	37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous ma	Cardiovascular, Vascular
		37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquire	
		37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	
		37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	
		61624	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)	
		61626	Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)	
<b>ANGIOGRAM, WITH STENT INSERTION IF INDICATED</b>	<b>ANGIOGRAM POSSIBLE STENT INSERTION</b>	*0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Vascular

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ANGIOGRAM, WITH STENT INSERTION IF INDICATED</b>	<b>ANGIOGRAM POSSIBLE STENT INSERTION</b>	<p>*0076T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (list separately in addition to code for primary procedure)</p> <p>*37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection</p> <p>37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection</p> <p>*37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and</p> <p>*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation</p> <p>37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</p> <p>37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima</p> <p>37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</p> <p>37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</p> <p>37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p</p> <p>37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super</p>	Vascular

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>ANGIOGRAM, WITH STENT INSERTION IF INDICATED</b>	<b>ANGIOGRAM POSSIBLE STENT INSERTION</b>	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	Vascular
		*61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	
		92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	
		92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	
		*92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	
		92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	
		92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar	
<b>ANGIOGRAM</b>	<b>ANGIOGRAM NON-SPECIFIC</b>		Cardiac, Cardiovascular	
<b>ANGIOGRAM</b>	<b>ANGIOGRAPHY</b>		Vascular	
<b>ANGIOGRAPHY, ANTERIOR TIBIAL</b>	<b>ANGIOGRAPHY ANTERIOR TIBIAL</b>	36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75710	Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, AORTIC ARCH</b>	<b>ANGIOGRAPHY AORTIC ARCH</b>	36200	Introduction of catheter, aorta	Cardiac, Cardiovascular
		36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	
		36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	
		36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	
		75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>ANGIOGRAPHY, COMMON FEMORAL ARTERY</b>	<b>ANGIOGRAPHY COMMON FEMORAL ARTERY</b>	36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75710	Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, COMMON ILIAC ARTERY</b>	<b>ANGIOGRAPHY COMMON ILIAC ARTERY</b>	36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75710	Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, CORONARY, WITH HEART VALVE ASSESSMENT</b>	<b>ANGIOGRAPHY VALVE ASSESSMENT</b>	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>ANGIOGRAPHY, CORONARY</b>	<b>ANGIOGRAPHY CORONARY</b>	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Cardiac, Cardiovascular
		93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
		93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	
		93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
		93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
		93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
		93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ANGIOGRAPHY, CORONARY</b>	<b>ANGIOGRAPHY CORONARY</b>	93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Cardiac, Cardiovascular
		93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)	
		93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free ma	
<b>ANGIOGRAPHY, DEEP FEMORAL ARTERY</b>	<b>ANGIOGRAPHY DEEP FEMORAL ARTERY</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75710 Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, EXTERNAL ILIAC ARTERY</b>	<b>ANGIOGRAPHY EXTERNAL ILIAC ARTERY</b>	36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75710 Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, INTERNAL ILIAC ARTERY</b>	<b>ANGIOGRAPHY INTERNAL ILIAC ARTERY</b>	36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75710 Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, PERIPHERAL</b>	<b>ANGIOGRAPHY PERIPHERAL</b>	36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family	
		36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	
		36248 Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriat	
		75710 Angiography, extremity, unilateral, radiological supervision and interpretation	
<b>ANGIOGRAPHY, PERONEAL ARTERY</b>	<b>ANGIOGRAPHY PERONEAL ARTERY</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ANGIOGRAPHY, PERONEAL ARTERY</b>	<b>ANGIOGRAPHY PERONEAL ARTERY</b>	75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, POPLITEAL ARTERY</b>	<b>ANGIOGRAPHY POPLITEAL ARTERY</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, POSTERIOR TIBIAL ARTERY</b>	<b>ANGIOGRAPHY POSTERIOR TIBIAL ARTERY</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE</b>	<b>ANGIOGRAPHY PULMONARY UNILATERAL</b>	36014 Selective catheter placement, left or right pulmonary artery 36015 Selective catheter placement, segmental or subsegmental pulmonary artery 75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>ANGIOGRAPHY, PULMONARY</b>	<b>ANGIOGRAPHY PULMONARY</b>	36013 Introduction of catheter, right heart or main pulmonary artery 36014 Selective catheter placement, left or right pulmonary artery 36015 Selective catheter placement, segmental or subsegmental pulmonary artery 75741 Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation 75743 Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation 75746 Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation 93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, RIGHT VENTRICLE</b>	<b>ANGIOGRAPHY RIGHT VENTRICLE</b>	93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, SAPHENOUS VEIN GRAFT</b>	<b>ANGIOGRAPHY SAPHENOUS VEIN GRAFT</b>	93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, SUPERFICIAL FEMORAL ARTERY</b>	<b>ANGIOGRAPHY SUPERFICIAL FEMORAL ARTERY</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ANGIOGRAPHY, SUPERIOR MESENTERIC ARTERY</b>	<b>ANGIOGRAPHY SUPERIOR MESENTERIC ARTERY</b>	36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
<b>ANGIOGRAPHY, TIBIOPERONEAL ARTERIAL VESSEL</b>	<b>ANGIOGRAPHY TIBIO-PERONEAL ARTERY</b>	36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family 75710 Angiography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>ANGIOPLASTY, ARTERY, BRACHIOCEPHALIC, WITH STENT INSERTION</b>	<b>ANGIOPLASTY WITH STENT INNOMINATE ARTERY</b>	37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	Vascular
<b>ANGIOPLASTY, BYPASS GRAFT</b>	<b>ANGIOPLASTY BYPASS GRAFT</b>	92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vesse 92938 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additio *92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th 92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel 92944 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar	Cardiac, Cardiovascular
<b>ANGIOPLASTY, CORONARY ARTERY</b>	<b>ANGIOPLASTY CORONARY</b>	92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch 92921 Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>ANGIOPLASTY, PERIPHERAL BLOOD VESSEL</b>	<b>ANGIOPLASTY PERIPHERAL</b>	37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty 37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Cardiac, Cardiovascular



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New Name	Old Name	CPT Code	Service
<b>ANGIOPLASTY, PERIPHERAL BLOOD VESSEL</b>	<b>ANGIOPLASTY PERIPHERAL</b>	37222 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
		37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	
		37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	
		37232 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	
		37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	
		37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	
		37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p	
		37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	
<b>ANGIOPLASTY, WITH STENT INSERTION</b>	<b>ANGIOPLASTY WITH STENT</b>	*0075T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Vascular
		*37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	
		37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	
		*37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ANGIOPLASTY, WITH STENT INSERTION</b>	<b>ANGIOPLASTY WITH STENT</b>	<p>*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation</p> <p>37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</p> <p>37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima</p> <p>37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</p> <p>37227 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed</p> <p>37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed</p> <p>37231 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed</p> <p>37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p</p> <p>37235 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in additi</p> <p>37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super</p> <p>37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein</p>	Vascular

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ANGIOPLASTY, WITH STENT INSERTION</b>	<b>ANGIOPLASTY WITH STENT</b>	*61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed	Vascular
		92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	
		92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	
		92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	
		*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	
		92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	
<b>ANOSCOPY, HIGH RESOLUTION, WITH BIOPSY</b>	<b>ANOSCOPY RESOLUTION W ANAL BIOPSY</b>	46601 Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Colorectal
		46607 Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	
<b>ANOSCOPY</b>	<b>ANOSCOPY</b>	46600 Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Colorectal, Gastroenterology
<b>AORTOGRAM, ABDOMINAL, WITH BILATERAL RUNOFF</b>	<b>AORTOGRAM ABDOMINAL WITH BILATERAL RUNOFFS</b>	36200 Introduction of catheter, aorta	Cardiac, Cardiovascular
		75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	
<b>AORTOGRAM, ABDOMINAL</b>	<b>AORTOGRAPHY ABDOMINAL</b>	36200 Introduction of catheter, aorta	Cardiac, Cardiovascular
		75625 Aortography, abdominal, by serialography, radiological supervision and interpretation	
<b>AORTOGRAM, AORTIC ARCH</b>	<b>AORTOGRAPHY AORTIC ARCH</b>	36200 Introduction of catheter, aorta	Cardiac, Cardiovascular
		36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	
		36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	
		36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>AORTOGRAM, AORTIC ARCH</b>	<b>AORTOGRAPHY AORTIC ARCH</b>	75600 Aortography, thoracic, without serialography, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>AORTOGRAM, ASCENDING</b>	<b>AORTOGRAPHY ASCENDING</b>	36200 Introduction of catheter, aorta 75605 Aortography, thoracic, by serialography, radiological supervision and interpretation 75625 Aortography, abdominal, by serialography, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>AORTOGRAM, DESCENDING</b>	<b>AORTOGRAPHY DESCENDING AORTA</b>	36200 Introduction of catheter, aorta 75605 Aortography, thoracic, by serialography, radiological supervision and interpretation 75625 Aortography, abdominal, by serialography, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>AORTOGRAM, THORACIC, WITH COMMON CAROTID STENT INSERTION</b>	<b>AORTOGRAM THORACIC W COMMON CAROTID STENTING</b>	*37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection *37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and *37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Vascular
<b>AORTOGRAM, THORACIC</b>	<b>AORTOGRAPHY THORACIC</b>	36200 Introduction of catheter, aorta 75600 Aortography, thoracic, without serialography, radiological supervision and interpretation 75605 Aortography, thoracic, by serialography, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>AORTOGRAM, USING CUTDOWN TECHNIQUE, WITH BILATERAL RUNOFF</b>	<b>AORTOGRAM W BILATERAL RUN OFF CUTDOWN</b>	36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family 75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	Vascular
<b>AORTOGRAM</b>	<b>AORTOGRAPHY</b>	36200 Introduction of catheter, aorta 75600 Aortography, thoracic, without serialography, radiological supervision and interpretation 75605 Aortography, thoracic, by serialography, radiological supervision and interpretation 75625 Aortography, abdominal, by serialography, radiological supervision and interpretation 75630 Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	Cardiac, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>AORTOGRAM</b>	<b>AORTOGRAPHY</b>	93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravulvular aortography (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>AORTOGRAPHY SUPRARENAL</b>			Cardiac, Cardiovascular
<b>APPENDECTOMY, LAPAROSCOPIC</b>	<b>APPENDECTOMY LAPAROSCOPY</b>	44970 Laparoscopy, surgical, appendectomy	Bariatric, General
<b>APPENDECTOMY, OPEN</b>	<b>APPENDECTOMY OPEN</b>	44950 Appendectomy;	General
		44955 Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)	
		*44960 Appendectomy; for ruptured appendix with abscess or generalized peritonitis	
<b>APPLICATION, ALLOGRAFT, BONE</b>		20933 Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (list separately in addition to code for primary procedure)	Aesthetics, ENT, Plastics
		20934 Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (list separately in addition to code for primary procedure)	
<b>APPLICATION, ALLOGRAFT, SKIN</b>		15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Aesthetics, ENT, Plastics
		15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	
		15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	
		15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part ther	
		15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
		15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separatel	
		15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of	

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New Name	Old Name	CPT Code	Service
<b>APPLICATION, ALLOGRAFT, SKIN</b>		15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part the	Aesthetics, ENT, Plastics
<b>APPLICATION, APLIGRAF (LOCAL OR CASE)</b>	<b>ODU GRAFT APPLICATION APLIGRAFT</b>	15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area 15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) 15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children 15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part ther 15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area 15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separatel 15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of 15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part the	General, Plastics
<b>APPLICATION, APLIGRAF</b>	<b>GRAFT APPLICATION APLIGRAF</b>	15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area 15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)	General

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New Name	Old Name	CPT Code	Service
<b>APPLICATION, APLIGRAF</b>	<b>GRAFT APPLICATION APLIGRAF</b>	15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	General
		15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part ther	
		15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
		15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separatel	
		15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of	
		15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part the	
<b>APPLICATION, GRAFT, SKIN, FULL-THICKNESS</b>	<b>GRAFT SKIN FULL THICKNESS</b>	15200 Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	ENT, Plastics
		15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	
		15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	
		15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	
<b>APPLICATION, GRAFT, SKIN, SPLIT-THICKNESS</b>	<b>GRAFT SKIN SPLIT THICKNESS</b>	15100 Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	ENT, General, Plastics, Vascular
		15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
<b>APPLICATION, GRAFT, SKIN, TO FOOT</b>	<b>FLAP SKIN TOE/FOOT</b>	15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	Podiatry

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New Name	Old Name	CPT Code	Service
<b>APPLICATION, GRAFT, SKIN, TO FOOT</b>	<b>FLAP SKIN TOE/FOOT</b>	15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	Podiatry
<b>APPLICATION, TRACTION, SPINE, CERVICAL, USING GARDNER-WELLS TONGS</b>	<b>APPLICATION CERVICAL TRACTION W GARDNER WELLS TONGS</b>	20660 Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	Neurosurgery, Spine
<b>ARTERIOGRAM, AORTIC ROOT</b>	<b>AORTOGRAM AORTIC ROOT</b>	93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>ARTERIOGRAM, AORTIC ROOT</b>	<b>AORTOGRAPHY AORTIC ROOT</b>	93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>ARTERIOGRAM, CAROTID</b>	<b>ANGIOGRAM CAROTID</b>	36222 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the c	Cardiac, Cardiovascular
		36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the e	
		36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and ce	
<b>ARTERIOGRAM, CELIAC</b>	<b>ANGIOGRAM CELIAC</b>	36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family	Cardiac, Cardiovascular
		75726 Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	
<b>ARTERIOGRAM, INTERNAL THORACIC, LEFT</b>	<b>ANGIOGRAM LEFT INTERNAL MAMMARY ARTERY</b>	36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	Cardiac, Cardiovascular
		75756 Angiography, internal mammary, radiological supervision and interpretation	
<b>ARTERIOGRAM, INTERNAL THORACIC, RIGHT</b>	<b>ANGIOGRAM RIGHT INTERNAL MAMMARY ARTERY</b>	36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	Cardiac, Cardiovascular
		75756 Angiography, internal mammary, radiological supervision and interpretation	
<b>ARTERIOGRAM, INTERNAL THORACIC</b>	<b>ANGIOGRAM INTERNAL MAMMARY ARTERY</b>	36215 Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	Cardiac, Cardiovascular
		36216 Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	



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New Name	Old Name	CPT Code	Service
<b>ARTERIOGRAM, INTERNAL THORACIC</b>	<b>ANGIOGRAM INTERNAL MAMMARY ARTERY</b>	36217 Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	Cardiac, Cardiovascular
		36218 Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	
<b>ARTERIOGRAM, RENAL</b>	<b>AORTOGRAPHY INFRAENAL</b>	36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of	Cardiac, Cardiovascular
		36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of	
		36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post	
		36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post	
<b>ARTHROPLASTY OSTEOTOMY TOE/TOES UNILATERAL</b>		28160 Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	Podiatry
		28308 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	
<b>ARTHROPLASTY, ACROMIOCLAVICULAR JOINT</b>	<b>REPAIR ACROMIOCLAVICULAR JOINT SHOULDER</b>	23470 Arthroplasty, glenohumeral joint; hemiarthroplasty	Orthopedics
		23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	
		23473 Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	
		23474 Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	
<b>ARTHROPLASTY, ANKLE, TOTAL</b>	<b>TOTAL REPLACEMENT ANKLE</b>	27702 Arthroplasty, ankle; with implant (total ankle)	Orthopedics
<b>ARTHROPLASTY, CARPOMETACARPAL (CMC) JOINT</b>	<b>ARTHROPLASTY CARPAL METACARPAL</b>	25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints	Orthopedics
		26530 Arthroplasty, metacarpophalangeal joint; each joint	
<b>ARTHROPLASTY, DIGIT, HAND</b>	<b>ARTHROPLASTY FINGER/THUMB</b>	25447 Arthroplasty, interposition, intercarpal or carpometacarpal joints	Orthopedics
		26530 Arthroplasty, metacarpophalangeal joint; each joint	
		26531 Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	

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New Name	Old Name	CPT Code	Service
<b>ARTHROPLASTY, DIGIT, HAND</b>	<b>ARTHROPLASTY FINGER/THUMB</b>	26535 Arthroplasty, interphalangeal joint; each joint	Orthopedics
		26536 Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	
<b>ARTHROPLASTY, ELBOW, TOTAL</b>	<b>TOTAL REPLACEMENT ELBOW</b>	24363 Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	Orthopedics
<b>ARTHROPLASTY, FOOT</b>	<b>ARTHROPLASTY FOOT</b>	28899 Unlisted procedure, foot or toes	Orthopedics, Podiatry
<b>ARTHROPLASTY, HIP, BILATERAL, TOTAL, ANTERIOR APPROACH</b>	<b>TOTAL REPLACEMENT HIP ANTERIOR APPROACH BILATERAL</b>	27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Orthopedics
		27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	
<b>ARTHROPLASTY, HIP, BILATERAL, TOTAL</b>	<b>TOTAL REPLACEMENT HIP BILATERAL</b>	27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Orthopedics
		27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	
<b>ARTHROPLASTY, HIP, RESURFACING, USING BIRMINGHAM SYSTEM</b>	<b>TOTAL RESURFACING HIP (BIRMINGHAM)</b>	27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Orthopedics
<b>ARTHROPLASTY, HIP, TOTAL, ANTERIOR APPROACH</b>	<b>TOTAL REPLACEMENT HIP ANTERIOR APPROACH</b>	27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Orthopedics
		27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	
<b>ARTHROPLASTY, HIP, UNILATERAL, TOTAL</b>	<b>TOTAL REPLACEMENT HIP UNILATERAL</b>	27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Orthopedics
		27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	
<b>ARTHROPLASTY, KNEE, BILATERAL, TOTAL, USING COMPUTER-ASSISTED NAVIGATION</b>	<b>TOTAL KNEE REPLACEMENT BILATERAL NAVIGATED</b>	0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Orthopedics
		0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	
		20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	
		27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	
<b>ARTHROPLASTY, KNEE, BILATERAL, TOTAL</b>	<b>TOTAL REPLACEMENT/RESURFACING KNEE BILATERAL</b>	27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Orthopedics

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New Name	Old Name	CPT Code	Service
<b>ARTHROPLASTY, KNEE, BILATERAL, UNICOMPARTMENTAL, USING COMPUTER-ASSISTED NAVIGATION</b>	<b>ARTHROPLASTY UNICOMPARTMENTAL KNEE BILATERAL NAVIGATED</b>	0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Orthopedics
		27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	
<b>ARTHROPLASTY, KNEE, BILATERAL, UNICOMPARTMENTAL</b>	<b>ARTHROPLASTY UNICOMPARTMENTAL KNEE BILATERAL</b>	27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Orthopedics
<b>ARTHROPLASTY, KNEE, TOTAL, USING COMPUTER-ASSISTED NAVIGATION</b>	<b>TOTAL KNEE REPLACEMENT NAVIGATED</b>	0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Orthopedics
		0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	
		20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	
		27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	
<b>ARTHROPLASTY, KNEE, TOTAL</b>	<b>TOTAL REPLACEMENT/RESURFACING KNEE</b>	27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Orthopedics
<b>ARTHROPLASTY, KNEE, UNICOMPARTMENTAL, WITH CONVERSION TO TOTAL KNEE ARTHROPLASTY IF INDICATED</b>	<b>ARTHROPLASTY UNICOMPARTMENTAL KNEE W/POSS TOTAL KNEE REPLACE</b>	27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Orthopedics
		27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	
<b>ARTHROPLASTY, KNEE, UNILATERAL, UNICOMPARTMENTAL, USING COMPUTER-ASSISTED NAVIGATION</b>	<b>ARTHROPLASTY UNICOMPARTMENTAL KNEE UNILATERAL NAVIGATED</b>	0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	Orthopedics
		27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	
<b>ARTHROPLASTY, PATELLOFEMORAL</b>	<b>ARTHROPLASTY PATELLO-FEMORAL</b>	27437 Arthroplasty, patella; without prosthesis	Orthopedics
		27438 Arthroplasty, patella; with prosthesis	
<b>ARTHROPLASTY, SHOULDER, RESURFACING, WITH TOTAL SHOULDER ARTHROPLASTY IF INDICATED</b>	<b>RESURFACING SHOULDER W POSS TOTAL REPLACEMENT SHOULDER</b>	23470 Arthroplasty, glenohumeral joint; hemiarthroplasty	Orthopedics
		23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	
<b>ARTHROPLASTY, SHOULDER, RESURFACING</b>	<b>RESURFACING SHOULDER</b>	23470 Arthroplasty, glenohumeral joint; hemiarthroplasty	Orthopedics
<b>ARTHROPLASTY, SHOULDER, TOTAL, REVERSE</b>	<b>REVERSE TOTAL SHOULDER REPLACEMENT</b>	23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Orthopedics
<b>ARTHROPLASTY, SHOULDER, TOTAL</b>	<b>TOTAL REPLACEMENT SHOULDER</b>	23472 Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	Orthopedics

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New Name	Old Name	CPT Code	Service
<b>ARTHROPLASTY, SPINE, CERVICAL, ANTERIOR APPROACH WITH DISCECTOMY</b>		22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Spine
		22858 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition t	
<b>ARTHROPLASTY, TOE, 2 OR MORE TOES</b>	<b>ARTHROPLASTY TOE MULTIPLE</b>	28899 Unlisted procedure, foot or toes	Podiatry
<b>ARTHROPLASTY, TOE, USING PROSTHETIC IMPLANT</b>	<b>ARTHROPLASTY TOE IMPLANT</b>	28899 Unlisted procedure, foot or toes	Podiatry
<b>ARTHROPLASTY, TOE</b>	<b>ARTHROPLASTY TOE</b>	28160 Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each	Podiatry
		28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	
		28286 Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)	
		28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	
		28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	
		28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
<b>ARTHROSCOPY OR ARTHROTOMY, KNEE, WITH MEDIAL COLLATERAL LIGAMENT REPAIR</b>	<b>ARTHROSCOPY ARTHROTOMY W REPAIR MED COLLATERAL LIGAMENT</b>	27405 Repair, primary, torn ligament and/or capsule, knee; collateral	Orthopedics
		29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	
<b>ARTHROSCOPY, ANKLE</b>	<b>ARTHROSCOPY ANKLE</b>	29999 Unlisted procedure, arthroscopy	Orthopedics
<b>ARTHROSCOPY, ELBOW</b>	<b>ARTHROSCOPY ELBOW</b>	29830 Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)	Orthopedics
<b>ARTHROSCOPY, HIP, WITH LABRUM DEBRIDEMENT</b>	<b>ARTHROSCOPY W DEBRIDEMENT OPEN HIP</b>	29862 Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Orthopedics
<b>ARTHROSCOPY, HIP</b>	<b>ARTHROSCOPY HIP</b>	29860 Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	Orthopedics
<b>ARTHROSCOPY, KNEE, WITH ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION USING ALLOGRAFT</b>	<b>ARTHROSCOPY ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION W ALLOGRAFT</b>	29888 Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Orthopedics
<b>ARTHROSCOPY, KNEE, WITH ANTERIOR CRUCIATE LIGAMENT (ACL) RECONSTRUCTION</b>	<b>ARTHROSCOPY ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION KNEE</b>	29888 Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Orthopedics
<b>ARTHROSCOPY, KNEE, WITH MEDIAL PATELLOFEMORAL LIGAMENT REPAIR</b>	<b>ARTHROSCOPY OPEN REPAIR MEDIAL PATELLOFEMORAL LIGAMENT</b>	29873 Arthroscopy, knee, surgical; with lateral release	Orthopedics

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New Name	Old Name	CPT Code	Service
<b>ARTHROSCOPY, KNEE, WITH MENISCECTOMY</b>	<b>ARTHROSCOPY MENISCECTOMY KNEE PARTIAL/COMPLETE</b>	29880 Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	Orthopedics
		29881 Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
<b>ARTHROSCOPY, KNEE, WITH OSTEOCHONDRAL ALLOGRAFT TRANSPLANT</b>	<b>OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION OPEN KNEE W ARTHROSCOPY</b>	29867 Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	Orthopedics
<b>ARTHROSCOPY, KNEE, WITH SUBCHONDROPLASTY</b>	<b>ARTHROSCOPY KNEE SUBCHONDROPLASTY</b>	0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	Orthopedics
		29867 Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	
<b>ARTHROSCOPY, KNEE</b>	<b>ARTHROSCOPY KNEE</b>	29870 Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Orthopedics
<b>ARTHROSCOPY, SHOULDER, WITH ACROMIOPLASTY, DEBRIDEMENT, ROTATOR CUFF REPAIR, AND SUBACROMIAL DECOMPRESSION</b>	<b>ARTHROSCOPY LABRAL ARTHROTOMY DECOMP REPAIR ROT CUFF SHOUL</b>	29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Orthopedics
		29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	
<b>ARTHROSCOPY, SHOULDER, WITH CAPSULAR RELEASE</b>	<b>ARTHROSCOPY SHOULDER W CAPSULAR RELEASE</b>	29825 Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Orthopedics
<b>ARTHROSCOPY, SHOULDER, WITH CAPSULAR SHIFT</b>	<b>ARTHROSCOPY SHOULDER W CAPSULAR SHRINK POSS CAPSULAR SHIFT</b>	29806 Arthroscopy, shoulder, surgical; capsulorrhaphy	Orthopedics
<b>ARTHROSCOPY, SHOULDER, WITH DECOMPRESSION AND GLENOID LABRUM REPAIR</b>	<b>ARTHROSCOPY SHOULDER LABRAL REPAIR + DECOMPRESSION</b>	29806 Arthroscopy, shoulder, surgical; capsulorrhaphy	Orthopedics
		29807 Arthroscopy, shoulder, surgical; repair of SLAP lesion	
		29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	
<b>ARTHROSCOPY, SHOULDER, WITH DECOMPRESSION, SUBACROMIAL SPACE, WITH OPEN ROTATOR CUFF REPAIR</b>	<b>ARTHROSCOPY ARTHROTOMY DECOMPRESSIVE REPAIR ROTATOR CUFF SHOULDER</b>	23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Orthopedics
		23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	
		29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	
<b>ARTHROSCOPY, SHOULDER, WITH DECOMPRESSION</b>	<b>ARTHROSCOPY SHOULDER W DECOMPRESSION</b>	29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Orthopedics
<b>ARTHROSCOPY, SHOULDER, WITH GLENOID LABRUM REPAIR</b>	<b>ARTHROSCOPY SHOULDER W LABRAL REPAIR</b>	29806 Arthroscopy, shoulder, surgical; capsulorrhaphy	Orthopedics
		29807 Arthroscopy, shoulder, surgical; repair of SLAP lesion	

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New Name	Old Name	CPT Code	Service
<b>ARTHROSCOPY, SHOULDER, WITH ROTATOR CUFF DECOMPRESSION AND REPAIR</b>	<b>ARTHROSCOPY SHOULDER WITH DECOMPRESSION / REPAIR ROTATOR CUFF</b>	29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Orthopedics
		29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	
<b>ARTHROSCOPY, SHOULDER, WITH ROTATOR CUFF REPAIR, SUBACROMIAL SPACE DECOMPRESSION, AND ACROMIOPLASTY</b>	<b>ARTHROSCOPY SHOULDER ACROMIOPLASTY/DECOMPRESSION/REPAIR</b>	29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	Orthopedics
		29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	
<b>ARTHROSCOPY, SHOULDER</b>	<b>ARTHROSCOPY SHOULDER</b>	29805 Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Orthopedics
<b>ARTHROSCOPY, WRIST</b>	<b>ARTHROSCOPY WRIST</b>	29840 Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	Orthopedics
<b>ARTHROTOMY</b>	<b>ARTHROTOMY</b>	21010 Arthrotomy, temporomandibular joint	Orthopedics
		23040 Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	
		23044 Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	
		23100 Arthrotomy, glenohumeral joint, including biopsy	
		23101 Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	
		23107 Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	
		24000 Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	
		24101 Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	
		25040 Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	
		25100 Arthrotomy, wrist joint; with biopsy	
		25101 Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	
		26070 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	
		26075 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	
		26080 Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	
		26100 Arthrotomy with biopsy; carpometacarpal joint, each	
		26105 Arthrotomy with biopsy; metacarpophalangeal joint, each	
		26110 Arthrotomy with biopsy; interphalangeal joint, each	
27033 Arthrotomy, hip, including exploration or removal of loose or foreign body			
27050 Arthrotomy, with biopsy; sacroiliac joint			
27052 Arthrotomy, with biopsy; hip joint			

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New Name	Old Name	CPT Code	Service	
<b>ARTHROTOMY</b>	<b>ARTHROTOMY</b>	27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	Orthopedics
		27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	
		27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	
		27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	
		28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint	
		28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	
		28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	
		28050	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint	
		28052	Arthrotomy with biopsy; metatarsophalangeal joint	
		28054	Arthrotomy with biopsy; interphalangeal joint	
<b>ASPIRATION, BONE MARROW</b>	<b>ASPIRATION BONE MARROW</b>	38220	Diagnostic bone marrow; aspiration(s)	Orthopedics
<b>ASSESSMENT, AUDITORY BRAIN STEM RESPONSE, WITH ANESTHESIA</b>		92650	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	ENT
		92651	Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report	
		92652	Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report	
		92653	Auditory evoked potentials; neurodiagnostic, with interpretation and report	
<b>ASSESSMENT, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>ICD CHECK</b>	93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant	Cardiac, Cardiac/Open Heart, Cardiovascular
		93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant	
		93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or r	
		93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic pa	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ATHERECTOMY, BYPASS GRAFT</b>	<b>ATHERECTOMY BYPASS GRAFT</b>	92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Cardiac, Cardiovascular
		92938 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additio	
		*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	
		92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	
		92944 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar	
<b>ATHERECTOMY, CORONARY, TRANSLUMINAL</b>	<b>ATHERECTOMY CORONARY</b>	92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Cardiac, Cardiovascular
		92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	
		92934 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	
		92938 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additio	



SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>ATHERECTOMY, CORONARY, TRANSLUMINAL</b>	<b>ATHERECTOMY CORONARY</b>	*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	Cardiac, Cardiovascular
		92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	
		92944 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar	
<b>ATHERECTOMY, PERIPHERAL BLOOD VESSEL</b>	<b>ATHERECTOMY PERIPHERAL</b>	0237T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Cardiac, Cardiovascular
		0238T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	
		37225 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	
		37227 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	
		37229 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	
		37231 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed	
		37233 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)	
		37235 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in additi	
<b>AUGMENTATION, BREAST, BILATERAL, USING IMPLANT, WITH MASTOPEXY</b>	<b>AUGMENTATION BREAST W IMPLANT W MAMMOPEXY BILATERAL</b>	19316 Mastopexy	Aesthetics
		19325 Breast augmentation with implant	
<b>AUGMENTATION, BREAST, BILATERAL, USING SUBGLANDULAR IMPLANT</b>	<b>AUGMENTATION BREAST W IMPLANT SUBGLANDULAR BILATERAL</b>	19325 Breast augmentation with implant	Aesthetics
<b>AUGMENTATION, BREAST, BILATERAL, USING SUBMUSCULAR IMPLANT</b>	<b>AUGMENTATION BREAST W IMPLANT SUBMUSCULAR BILATERAL</b>	19325 Breast augmentation with implant	Aesthetics

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>AUGMENTATION, CHEEK, CHIN, OR BOTH</b>	<b>AUGMENTATION CHEEK AND / OR CHIN</b>	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Aesthetics
		21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	
		21125	Augmentation, mandibular body or angle; prosthetic material	
		21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
		21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
		21270	Malar augmentation, prosthetic material	
<b>BIOPSY OR EXCISION, LESION, FACE AND NECK, 2 OR MORE</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE FACE/NECK</b>	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	Aesthetics, Cardiovascular, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Thoracic, Urology, Vascular
		11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104	Punch biopsy of skin (including simple closure, when performed); single lesion	
		11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	
11104	Punch biopsy of skin (including simple closure, when performed); single lesion			
11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion			
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); first lesion			
<b>BIOPSY OR EXCISION, LESION, FACE AND NECK</b>	<b>EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) FACE/NECK</b>	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	ENT, General, Gynecology, Maxillofacial, Plastics
		11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104	Punch biopsy of skin (including simple closure, when performed); single lesion	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>BIOPSY OR EXCISION, LESION, FACE AND NECK</b>	<b>EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) FACE/NECK</b>	11105 Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	ENT, General, Gynecology, Maxillofacial, Plastics
		11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
<b>BIOPSY OR EXCISION, LESION, LOWER BODY, 2 OR MORE</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE LOWER BODY</b>	11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Podiatry, Thoracic, Urology, Vascular
		11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
		11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
		11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
		11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	
		11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	
		11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
		11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		27040 Biopsy, soft tissue of pelvis and hip area; superficial	
		27041 Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	
		27323 Biopsy, soft tissue of thigh or knee area; superficial	
27324 Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)			
27613 Biopsy, soft tissue of leg or ankle area; superficial			

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>BIOPSY OR EXCISION, LESION, LOWER BODY, 2 OR MORE</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE LOWER BODY</b>	27614 Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	Aesthetics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Podiatry, Thoracic, Urology, Vascular
<b>BIOPSY OR EXCISION, LESION, LOWER BODY</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) LOWER BODY</b>	11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, Colorectal, General, Gynecology, Neurosurgery, Orthopedics, Plastics, Podiatry, Spine, Urology, Vascular
		11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
		11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
		11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
		11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	
		11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	
		11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
		11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		27040 Biopsy, soft tissue of pelvis and hip area; superficial	
		27041 Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	
		27323 Biopsy, soft tissue of thigh or knee area; superficial	
		27324 Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	
		27613 Biopsy, soft tissue of leg or ankle area; superficial	
		27614 Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)	

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New Name	Old Name	CPT Code	Service		
<b>BIOPSY OR EXCISION, LESION, UPPER BODY (LOCAL OR CASE)</b>		11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	General, Orthopedics, Plastics		
	11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm				
	11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm				
	11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm				
	11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm				
	11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm				
	11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less				
	11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm				
	11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm				
	11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm				
	11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm				
	11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm				
	25071 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater				
	25073 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater				
	25075 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm				
	25076 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm				
	<b>BIOPSY OR EXCISION, LESION, UPPER BODY, 2 OR MORE (LOCAL OR CASE)</b>			11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	General, Orthopedics, Plastics
		11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm			
		11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm			

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New Name	Old Name	CPT Code	Service	
<b>BIOPSY OR EXCISION, LESION, UPPER BODY, 2 OR MORE (LOCAL OR CASE)</b>		11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	General, Orthopedics, Plastics	
	11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm		
	11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm		
	11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less		
	11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm		
	11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm		
	11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm		
	11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm		
	11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm		
	25071 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	25071 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater		
	25073 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	25073 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater		
	25075 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	25075 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm		
	25076 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	25076 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm		
	<b>BIOPSY OR EXCISION, LESION, UPPER BODY</b>	<b>EXCISION/BIOPSY ( MASS/LESION/LIPOMA/CYST) UPPER BODY</b>		11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm			11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm			11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm			11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm			11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm			11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	

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<b>BIOPSY OR EXCISION, LESION, UPPER BODY</b>	<b>EXCISION/BIOPSY ( MASS/LESION/LIPOMA/CYST) UPPER BODY</b>	11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	ENT, General, Gynecology, Orthopedics, Plastics
		11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	
		11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
		11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	
		25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	
		25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	
		25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	
<b>BIOPSY, ARTERY, TEMPORAL (LOCAL OR CASE)</b>	<b>ODU BIOPSY TEMPORAL ARTERY</b>	37609	Ligation or biopsy, temporal artery	General, Vascular
<b>BIOPSY, ARTERY, TEMPORAL</b>	<b>BIOPSY TEMPORAL ARTERY</b>	37609	Ligation or biopsy, temporal artery	General, Maxillofacial, Vascular
<b>BIOPSY, BONE, LOWER EXTREMITY</b>	<b>BIOPSY BONE LOWER EXTREMITY</b>	20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	Orthopedics, Podiatry
		20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	
		20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	
		20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	
<b>BIOPSY, BREAST, WITH NEEDLE LOCALIZATION, WITH VENOUS ACCESS DEVICE INSERTION</b>	<b>BIOPSY BREAST NEEDLE LOCAL WITH INSERT VENOUS ACCESS</b>	19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	General
		19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	
		19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	
		36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	

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<b>BIOPSY, BREAST, WITH NEEDLE LOCALIZATION, WITH VENOUS ACCESS DEVICE INSERTION</b>	<b>BIOPSY BREAST NEEDLE LOCAL WITH INSERT VENOUS ACCESS</b>	36558 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	General
<b>BIOPSY, CHEST WALL</b>	<b>BIOPSY CHEST WALL</b>	20200 Biopsy, muscle; superficial 20206 Biopsy, muscle, percutaneous needle 21550 Biopsy, soft tissue of neck or thorax	Thoracic
<b>BIOPSY, ENDOMYOCARDIUM</b>	<b>BIOPSY ENDOMYOCARDIAL</b>	93505 Endomyocardial biopsy	Cardiac, Cardiovascular
<b>BIOPSY, LIVER, LAPAROSCOPIC</b>		47379 Unlisted laparoscopic procedure, liver	Bariatric
<b>BIOPSY, MUSCLE (LOCAL OR CASE)</b>	<b>ODU BIOPSY MUSCLE</b>	20200 Biopsy, muscle; superficial 20205 Biopsy, muscle; deep 20206 Biopsy, muscle, percutaneous needle	General, Orthopedics, Plastics
<b>BIOPSY, MUSCLE</b>	<b>BIOPSY MUSCLE</b>	20200 Biopsy, muscle; superficial 20205 Biopsy, muscle; deep 20206 Biopsy, muscle, percutaneous needle	General, Orthopedics, Plastics
<b>BIOPSY, MYOCARDIUM, WITH ECHOCARDIOGRAPHIC GUIDANCE</b>	<b>ECHOCARDIOGRAM MYOCARDIAL BIOPSY</b>	76932 Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation 93505 Endomyocardial biopsy	Cardiac, Cardiovascular
<b>BIOPSY, PROSTATE, RECTAL APPROACH, WITH ULTRASOUND GUIDANCE</b>	<b>EXCISION BIOPSY PROSTATE W TRANSRECTAL ULTRASOUND</b>	55700 Biopsy, prostate; needle or punch, single or multiple, any approach 55705 Biopsy, prostate; incisional, any approach 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	Urology
<b>BIOPSY, RECTUM</b>	<b>BIOPSY RECTAL</b>	45100 Biopsy of anorectal wall, anal approach (eg, congenital megacolon) 45305 Proctosigmoidoscopy, rigid; with biopsy, single or multiple 45331 Sigmoidoscopy, flexible; with biopsy, single or multiple	Colorectal, General
<b>BLEPHAROPLASTY, BILATERAL</b>	<b>BLEPHAROPLASTY EYELID (UPPER OR LOWER) BILATERAL</b>	15820 Blepharoplasty, lower eyelid; 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad 15822 Blepharoplasty, upper eyelid; 15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Aesthetics, Maxillofacial, Plastics
<b>BLEPHAROPLASTY, LOWER EYELID, UNILATERAL</b>	<b>BLEPHAROPLASTY EYELID LOWER UNILATERAL</b>	15820 Blepharoplasty, lower eyelid; 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad	Aesthetics
<b>BLEPHAROPLASTY, UPPER AND LOWER EYELIDS, BILATERAL</b>	<b>BLEPHAROPLASTY EYELID UPPER AND LOWER BILATERAL</b>	15820 Blepharoplasty, lower eyelid; 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad 15822 Blepharoplasty, upper eyelid; 15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Aesthetics
<b>BLEPHAROPLASTY, UPPER EYELID, UNILATERAL</b>	<b>BLEPHAROPLASTY EYELID UPPER UNILATERAL</b>	15822 Blepharoplasty, upper eyelid; 15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Aesthetics, Maxillofacial
<b>BLEPHAROPLASTY, USING CO2 LASER</b>	<b>BLEPHAROPLASTY W CO2 LASER</b>	15820 Blepharoplasty, lower eyelid; 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad	Aesthetics



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New Name	Old Name	CPT Code	Service	
<b>BLEPHAROPLASTY, USING CO2 LASER</b>	<b>BLEPHAROPLASTY W CO2 LASER</b>	15822	Blepharoplasty, upper eyelid;	Aesthetics
		15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
<b>BLOCK, CELIAC PLEXUS, WITH ENDOSCOPIC ULTRASOUND GUIDANCE</b>	<b>CELIAC PLEXUS BLOCK ENDOSCOPIC ULTRASOUND W ANESTHESIA</b>	43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of	Gastroenterology
<b>BLOCK, FACET JOINT, LUMBAR</b>	<b>LUMBAR FACET NERVE BLOCK</b>	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	Pain Management
		0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	
		0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary	
		64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	
		64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	
		64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f	
<b>BLOCK, FASCIA ILIACA COMPARTMENT</b>	<b>PACU FASCIA ILIACA BLOCK</b>	64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve	Anesthesiology
		64448	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement)	
<b>BLOCK, NERVE</b>	<b>PACU NERVE BLOCK IP</b>	1991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	Anesthesiology
		1992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	
<b>BLOCK, SPINAL NERVE ROOT, LUMBAR, TRANSFORAMINAL APPROACH</b>	<b>LUMBAR TRANSFORAMINAL NERVE BLOCK</b>	64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Pain Management

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New Name	Old Name	CPT Code	Service
<b>BLOCK, SPINAL NERVE ROOT, LUMBAR, TRANSFORAMINAL APPROACH</b>	<b>LUMBAR TRANSFORAMINAL NERVE BLOCK</b>	64484 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (list separately in addition to code for primary procedure)	Pain Management
<b>BONE GRAFT, ILIAC CREST</b>	<b>GRAFT BONE ILIAC</b>	20900 Bone graft, any donor area; minor or small (eg, dowel or button) 20902 Bone graft, any donor area; major or large 20956 Bone graft with microvascular anastomosis; iliac crest	Orthopedics, Spine
<b>BONE GRAFT, TIBIA, PROXIMAL</b>	<b>GRAFT BONE PROXIMAL TIBIAL</b>	20900 Bone graft, any donor area; minor or small (eg, dowel or button) 20902 Bone graft, any donor area; major or large	Orthopedics
<b>BRACHIOPLASTY, BILATERAL</b>	<b>BRACHIOPLASTY BILATERAL</b>	15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm 15837 Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Aesthetics
<b>BRONCHOSCOPY WITH FLUOROSCOPIC GUIDANCE</b>	<b>BRONCHOSCOPY</b>	31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	Pulmonary, Thoracic
<b>BRONCHOSCOPY, IN NON-ENDOSCOPY UNIT SETTING</b>	<b>BRONCHOSCOPY ROAD TRIP</b>	31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	Anesthesiology, Pulmonary, Thoracic
<b>BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION, WITH FIDUCIAL MARKER INSERTION</b>	<b>ELECTROMAGNETIC NAVIGATION BRONCHOSCOPY WITH FIDUCIAL MARKER WITH ANESTHESIA</b>	31626 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple 31627 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Pulmonary, Thoracic
<b>BRONCHOSCOPY, USING ELECTROMAGNETIC NAVIGATION</b>	<b>ELECTROMAGNETIC NAVIGATION BRONCHOSCOPY WITH ANESTHESIA</b>	31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) 31627 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])	Pulmonary, Thoracic
<b>BRONCHOSCOPY, WITH FOREIGN BODY REMOVAL</b>	<b>BRONCHOSCOPY W FOREIGN BODY REMOVAL</b>	31635 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body	Thoracic
<b>BRONCHOSCOPY, WITH MEDIASTINOSCOPY</b>	<b>BRONCHOSCOPY AND MEDIASTINOSCOPY</b>	31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) 39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed 39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	Thoracic
<b>BRONCHOSCOPY, WITH YAG LASER ABLATION</b>	<b>BRONCHOSCOPY W YAG LASER</b>	31641 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)	Thoracic

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<b>BRONCHOSCOPY</b>	<b>BRONCHOSCOPY</b>	31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	ENT, Pulmonary, Thoracic
<b>BRONCHOSCOPY</b>	<b>BRONCHOSCOPY IN ENDO UNIT</b>	31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	Pulmonary, Thoracic
<b>BROWPLASTY, ENDOSCOPIC</b>	<b>LIFT EYEBROW ENDOSCOPIC</b>	67999 Unlisted procedure, eyelids	Aesthetics
<b>BROWPLASTY</b>	<b>LIFT BROW/TEMPLE</b>	67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Aesthetics, Plastics
<b>BUNIONECTOMY, BILATERAL</b>	<b>BUNIONECTOMY BILATERAL</b>	28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Podiatry
		28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>BUNIONECTOMY, LAPIDUS</b>	<b>BUNIONECTOMY LAPIDUS</b>	28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Podiatry
<b>BUNIONECTOMY, MITCHELL</b>	<b>BUNIONECTOMY MITCHELL</b>	28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Orthopedics, Podiatry
<b>BUNIONECTOMY, WITH ARTHROPLASTY, WITH OSTEOTOMY, WITH HAMMER TOE CORRECTION</b>	<b>BUNIONECTOMY OSTEOTOMY ARTHROPLASTY REPAIR HAMMER TOE</b>	28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Podiatry
		28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	
		28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	

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New Name	Old Name	CPT Code	Service
<b>BUNIONECTOMY, WITH ARTHROPLASTY, WITH OSTEOTOMY, WITH HAMMER TOE CORRECTION</b>	<b>BUNIONECTOMY OSTEOTOMY ARTHROPLASTY REPAIR HAMMER TOE</b>	28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Podiatry
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>BUNIONECTOMY, WITH ARTHROPLASTY</b>	<b>BUNIONECTOMY W ARTHROPLASTY</b>	28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Podiatry
		28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	
		28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
		<b>BUNIONECTOMY, WITH CHEILECTOMY AND INTERNAL FIXATION</b>	
<b>BUNIONECTOMY, WITH CHEILECTOMY, WITH OSTEOTOMY AND EXTERNAL FIXATION</b>	<b>CHEILECTOMY BUNIONECTOMY OSTEOTOMY EXTERNAL FIXATION</b>	20690 Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	Podiatry
		28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	
<b>BUNIONECTOMY, WITH HAMMER TOE CORRECTION</b>	<b>BUNIONECTOMY W REPAIR HAMMER TOE</b>	28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Podiatry
		28292 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	
		28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	

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New Name	Old Name	CPT Code	Service
<b>BUNIONECTOMY, WITH HAMMER TOE CORRECTION</b>	<b>BUNIONECTOMY W REPAIR HAMMER TOE</b>	28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Podiatry
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>BUNIONECTOMY, WITH METATARSAL OSTEOTOMY AND INTERNAL FIXATION</b>	<b>BUNIONECTOMY OSTEOTOMY INTERNAL FIXATION</b>	28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Podiatry
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
<b>BUNIONECTOMY, WITH METATARSAL OSTEOTOMY</b>	<b>BUNIONECTOMY OSTEOTOMY</b>	28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Podiatry
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>BUNIONECTOMY, WITH OSTEOTOMY AND HAMMER TOE CORRECTION</b>	<b>BUNIONECTOMY OSTEOTOMY REPAIR HAMMER TOE</b>	28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Podiatry
		28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28297 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>BUNIONECTOMY, WITH OSTEOTOMY AND NEUROPLASTY</b>	<b>BUNIONECTOMY W OSTEOTOMY W NEUROPLASTY</b>	28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Podiatry

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New Name	Old Name	CPT Code	Service	
<b>BUNIONECTOMY, WITH OSTEOTOMY AND NEUROPLASTY</b>	<b>BUNIONECTOMY W OSTEOTOMY W NEUROPLASTY</b>	28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	Podiatry
		28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
		64702	Neuroplasty; digital, 1 or both, same digit	
		64704	Neuroplasty; nerve of hand or foot	
<b>BUNIONECTOMY</b>	<b>BUNIONECTOMY</b>	28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Podiatry
		28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	
		28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>BURSECTOMY, ELBOW</b>	<b>BURSECTOMY ELBOW</b>	24105	Excision, olecranon bursa	Orthopedics
<b>BURSECTOMY, KNEE</b>	<b>BURSECTOMY KNEE</b>	27340	Excision, prepatellar bursa	Orthopedics
<b>BURSECTOMY, SHOULDER</b>	<b>BURSECTOMY SHOULDER</b>	29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of	Orthopedics
		29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular si	
<b>CANALOPLASTY, EAR</b>	<b>CANALPLASTY</b>	69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	ENT
		69320	Reconstruction external auditory canal for congenital atresia, single stage	
<b>CANTHOPEXY, WITH CANTHOPLASTY</b>	<b>CANTHOPEXY/CANTHOPLASTY</b>	21280	Medial canthopexy (separate procedure)	Aesthetics, Maxillofacial
		21282	Lateral canthopexy	
		67950	Canthoplasty (reconstruction of canthus)	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>CAPSULAR SHIFT, SHOULDER</b>	<b>STABILIZATION SHOULDER (CAPSULAR SHIFT)</b>	23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	Orthopedics
		23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	
		23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	
		23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	
		29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	
<b>CAPSULECTOMY, BREAST, WITH REPLACEMENT OF IMPLANT</b>	<b>EXCHANGE BREAST IMPLANT W CAPSULECTOMY</b>	19342	Insertion or replacement of breast implant on separate day from mastectomy	Aesthetics, Plastics
		19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	
		19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	
<b>CAPSULOTOMY, BREAST</b>	<b>CAPSULOTOMY BREAST</b>	19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Aesthetics, Plastics
<b>CARDIAC ELECTROPHYSIOLOGY STUDY</b>	<b>EP STUDY</b>	93619	Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction	Cardiac, Cardiovascular
		93620	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle	
		93621	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately)	
		93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary)	
		93624	Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	
		93640	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>CARDIAC ELECTROPHYSIOLOGY STUDY</b>	<b>EP STUDY</b>	93641	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant	Cardiac, Cardiovascular
		93642	Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or r	
		93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic pa	
		93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	
		93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	
		93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec	
<b>CARDIAC MAPPING, USING 3D ELECTROANATOMIC MAPPING SYSTEM</b>	<b>3D MAPPING</b>	93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>CARDIAC VENTRICULOGAM, LEFT VENTRICLE</b>	<b>VENTRICULOGRAPHY LEFT</b>	93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Cardiac, Cardiovascular
		93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
		93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
		93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	



SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>CARDIAC VENTRICULOGRAM, LEFT VENTRICLE</b>	<b>VENTRICULOGRAPHY LEFT</b>	93460 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	Cardiac, Cardiovascular
		93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
		93565 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)	
<b>CARDIAC VENTRICULOGRAM, RIGHT VENTRICLE</b>	<b>VENTRICULOGRAPHY RIGHT</b>	93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>CARDIOVERSION / DEFIBRILLATION, INTRAPROCEDURE</b>	<b>CARDIOVERSION / DEFIBRILLATION INTRAPROCEDURE</b>	92960 Cardioversion, elective, electrical conversion of arrhythmia; external	Cardiac, Cardiovascular
		92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	
<b>CARDIOVERSION, INTRAOPERATIVE</b>		92960 Cardioversion, elective, electrical conversion of arrhythmia; external	Cardiac, Cardiovascular
		92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	
<b>CARDIOVERSION, WITH TRANSESOPHAGEAL ECHOCARDIOGRAM</b>	<b>PACU ADD ON CARDIOVERSION WITH TRANSESOPHAGEAL ECHO IP</b>	92960 Cardioversion, elective, electrical conversion of arrhythmia; external	Cardiac
		92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	
		93312 Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	
		93313 Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	
		93314 Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	
		93315 Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	
		93316 Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	
93317 Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only			

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>CARDIOVERSION, WITH TRANSESOPHAGEAL ECHOCARDIOGRAM</b>	<b>PACU ADD ON CARDIOVERSION WITH TRANSESOPHAGEAL ECHO IP</b>	93318 Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to t	Cardiac
<b>CARDIOVERSION</b>	<b>CARDIOVERSION - INVASIVE CARDIOLOGY</b>	92960 Cardioversion, elective, electrical conversion of arrhythmia; external 92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>CARDIOVERSION</b>	<b>PACU ADD ON CARDIOVERSION IP</b>	92960 Cardioversion, elective, electrical conversion of arrhythmia; external 92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	Cardiac
<b>CATHETERIZATION, HEART, LEFT</b>	<b>LEFT HEART CATHETERIZATION</b>	93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed 93458 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven 93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven 93462 Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>CATHETERIZATION, HEART, RIGHT</b>	<b>RIGHT HEART CATHETERIZATION</b>		Cardiac, Cardiovascular
<b>CATHETERIZATION, HEART</b>	<b>CARDIAC CATHETERIZATION</b>	93451 Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed 93452 Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed 93453 Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed 93454 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; 93455 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	Cardiac, Cardiovascular

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>CATHETERIZATION, HEART</b>	<b>CARDIAC CATHETERIZATION</b>	93456 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	Cardiac, Cardiovascular
		93457 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
		93458 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
		93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	
		93460 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
		93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo	
		93530 Right heart catheterization, for congenital cardiac anomalies	
		93531 Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies	
		93532 Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies	
		93533 Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies	
<b>CAUTERIZATION, NOSE, INTERNAL</b>		30901 Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	ENT
		30903 Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	
		30905 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	
		30906 Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	
<b>CERCLAGE, CERVIX</b>	<b>CERCLAGE CERVICAL</b>	57700 Cerclage of uterine cervix, nonobstetrical	Gynecology, Obstetrics

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>CERCLAGE, CERVIX</b>	<b>CERCLAGE CERVICAL</b>	59320 Cerclage of cervix, during pregnancy; vaginal	Gynecology, Obstetrics
		*59325 Cerclage of cervix, during pregnancy; abdominal	
<b>CESAREAN SECTION, IN THE OPERATING ROOM</b>	<b>CESAREAN SECTION IN THE OR</b>	*58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Obstetrics
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
		*59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
		*59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
		59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	
<b>CESAREAN SECTION, PRIMARY</b>	<b>CESAREAN SECTION PRIMARY</b>	*58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Obstetrics
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
		*59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
		*59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
		59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	
<b>CESAREAN SECTION, REPEAT, WITH SALPINGIAN INVERSION</b>		*58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Obstetrics
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
		*59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
		*59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
		59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>CESAREAN SECTION, REPEAT</b>	<b>CESAREAN SECTION REPEAT</b>	*58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Obstetrics
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
		*59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
		*59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
		59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	
<b>CESAREAN SECTION, WITH SALPINGIAN INVERSION</b>		*58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)	Obstetrics
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
		*59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
		*59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
		59622 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	
<b>CHEILECTOMY, GREAT TOE</b>	<b>CHEILECTOMY GREAT TOE</b>	28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Podiatry
<b>CHEILECTOMY, WITH FLEXOR TENOTOMY</b>	<b>CHEILECTOMY W TENOTOMY FLEXOR</b>	28232 Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	Podiatry
		28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	
<b>CHEILECTOMY, WITH OSTEOTOMY AND ARTHROPLASTY</b>	<b>CHEILECTOMY OSTEOTOMY ARTHROPLASTY</b>	28291 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Podiatry
		28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	
<b>CHEILECTOMY, WITH OSTEOTOMY AND EXTERNAL FIXATION</b>	<b>CHEILECTOMY OSTEOTOMY EXTERNAL FIXATION</b>	20690 Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	Podiatry
		28289 Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	
		28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>CHEILECTOMY, WITH OSTEOTOMY AND INTERNAL FIXATION</b>	<b>CHEILECTOMY OSTEOTOMY W INTERNAL FIXATION</b>	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Podiatry
		28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	
<b>CHEILECTOMY</b>	<b>CHEILECTOMY FOOT</b>	28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Podiatry
<b>CHOLANGIOGRAM, WITH COMMON BILE DUCT EXPLORATION IF INDICATED</b>	<b>CHOLANGIOGRAM POSSIBLE EXPLORATION COMMON BILE DUCT</b>	43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	General
		47531	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access	
		47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic c	
		74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	
<b>CHOLECYSTECTOMY, LAPAROSCOPIC, WITH CHOLANGIOGRAM, WITH INTERNAL HERNIA REPAIR IF INDICATED</b>	<b>CHOLECYSTECTOMY LAPSC, POS CHOLANGIOGRAM~POSS INT HERNIA + OPEN</b>	38120	Laparoscopy, surgical, splenectomy	Bariatric
		*44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	
		44238	Unlisted laparoscopy procedure, intestine (except rectum)	
		47562	Laparoscopy, surgical; cholecystectomy	
		47563	Laparoscopy, surgical; cholecystectomy with cholangiography	
		*47600	Cholecystectomy;	
		*47605	Cholecystectomy; with cholangiography	
<b>CHOLECYSTECTOMY, LAPAROSCOPIC, WITH LIVER BIOPSY</b>	<b>CHOLECYSTECTOMY LAPAROSCOPY W LIVER BIOPSY</b>	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	General
		47379	Unlisted laparoscopic procedure, liver	
		47562	Laparoscopy, surgical; cholecystectomy	
<b>CHOLECYSTECTOMY, LAPAROSCOPIC, WITH UMBILICAL HERNIA REPAIR</b>	<b>CHOLESTECTOMY LAPAROSCOPY REPAIR UMBILICAL HERNIA</b>	47562	Laparoscopy, surgical; cholecystectomy	General
		47563	Laparoscopy, surgical; cholecystectomy with cholangiography	
		47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct	
		49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	
		49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	
<b>CHOLECYSTECTOMY, LAPAROSCOPIC</b>	<b>CHOLECYSTECTOMY LAPAROSCOPY</b>	47562	Laparoscopy, surgical; cholecystectomy	General

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New Name	Old Name	CPT Code	Service
<b>CHOLECYSTECTOMY, LAPAROSCOPIC</b>	<b>CHOLECYSTECTOMY LAPAROSCOPY</b>	47563 Laparoscopy, surgical; cholecystectomy with cholangiography	General
		47564 Laparoscopy, surgical; cholecystectomy with exploration of common duct	
<b>CHOLECYSTECTOMY, OPEN</b>	<b>CHOLECYSTECTOMY OPEN</b>	*47600 Cholecystectomy;	General
		*47605 Cholecystectomy; with cholangiography	
		*47610 Cholecystectomy with exploration of common duct;	
<b>CHOLECYSTECTOMY, ROBOT-ASSISTED, LAPAROSCOPIC, USING SI</b>	<b>CHOLECYSTECTOMY LAPAROSCOPY ROBOT SI</b>	47562 Laparoscopy, surgical; cholecystectomy	General Robotics
		47563 Laparoscopy, surgical; cholecystectomy with cholangiography	
		47564 Laparoscopy, surgical; cholecystectomy with exploration of common duct	
<b>CHOLECYSTECTOMY, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>	<b>CHOLECYSTECTOMY LAPAROSCOPY ROBOT XI</b>	47562 Laparoscopy, surgical; cholecystectomy	General Robotics
		47563 Laparoscopy, surgical; cholecystectomy with cholangiography	
		47564 Laparoscopy, surgical; cholecystectomy with exploration of common duct	
<b>CHOLEDOCHOJEJUNOSTOMY, ROUX-EN-Y</b>	<b>CHOLEDOCHOJEJUNOSTOMY (ROUX EN Y)</b>	*47780 Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	General
<b>CHROMOPERTUBATION, LAPAROSCOPIC</b>	<b>CHROMOTUBATION LAPAROSCOPY</b>	49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Gynecology
		58350 Chromotubation of oviduct, including materials	
<b>CIRCUMCISION</b>	<b>CIRCUMCISION</b>	54150 Circumcision, using clamp or other device with regional dorsal penile or ring block	Urology
		54160 Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	
		54161 Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	
<b>CLIPPING, ATRIAL APPENDAGE, LEFT THORACOTOMY APPROACH</b>	<b>THORACOTOMY LEFT W APPLICATION OF ATRIAL APPENDAGE CLIP</b>	33999 Unlisted procedure, cardiac surgery	Cardiac/Open Heart
<b>CLOSED REDUCTION, FRACTURE, NASAL BONE</b>	<b>CLOSED REDUCTION FRACTURE NOSE</b>	21315 Closed treatment of nasal bone fracture; without stabilization	ENT
		21320 Closed treatment of nasal bone fracture; with stabilization	
<b>CLOSED REDUCTION, FRACTURE</b>	<b>CLOSED REDUCTION FRACTURE</b>		Orthopedics, Podiatry
<b>CLOSED REDUCTION</b>	<b>PACU CLOSED REDUCTION/MANIPULATION IP</b>		Orthopedics, Podiatry
<b>CLOSED TREATMENT, FRACTURE, MANDIBLE, WITH INTERDENTAL FIXATION</b>		21453 Closed treatment of mandibular fracture with interdental fixation	ENT
<b>CLOSURE, COLOSTOMY, ROBOT-ASSISTED, USING XI</b>	<b>COLOSTOMY REVERSAL/TAKEDOWN W ROBOTICS XI</b>	*44227 Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	Colorectal Robotics
<b>CLOSURE, COLOSTOMY</b>	<b>CLOSURE COLOSTOMY</b>	*44620 Closure of enterostomy, large or small intestine;	Colorectal, General
		*44625 Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	
		*44626 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	
<b>CLOSURE, FISTULA, RECTOVAGINAL</b>	<b>REPAIR RECTOVAGINAL FISTULA</b>	57300 Closure of rectovaginal fistula; vaginal or transanal approach	Colorectal, General
		*57305 Closure of rectovaginal fistula; abdominal approach	
		*57307 Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>CLOSURE, FISTULA, VESICOVAGINAL</b>	<b>FISTULECTOMY VESICOVAGINAL</b>	*51900 Closure of vesicovaginal fistula, abdominal approach	Gynecology
		57320 Closure of vesicovaginal fistula; vaginal approach	
		57330 Closure of vesicovaginal fistula; transvesical and vaginal approach	
<b>CLOSURE, ILEOSTOMY</b>	<b>CLOSURE ILEOSTOMY</b>	*44620 Closure of enterostomy, large or small intestine;	Colorectal, General
		*44625 Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal	
		*44626 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	
<b>CLOSURE, LEFT ATRIAL APPENDAGE, USING DEVICE</b>	<b>IMPLANT LEFT ATRIAL APPENDAGE CLOSURE DEVICE</b>	*33340 Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supe	Cardiac, Cardiovascular
<b>CLOSURE, PARAVALVULAR LEAK, AORTIC VALVE, INITIAL, PERCUTANEOUS, TRANSCATHETER, USING OCCLUSION DEVICE INSERTION</b>		93591 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Cardiac, Cardiovascular
<b>CLOSURE, PARAVALVULAR LEAK, MITRAL VALVE, INITIAL, PERCUTANEOUS, TRANSCATHETER, USING OCCLUSION DEVICE INSERTION</b>		93590 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Cardiac, Cardiovascular
<b>CLOSURE, WOUND, USING ROTATION FLAP</b>	<b>GRAFT FLAP/CLOSURE/ROTATION</b>	14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	ENT, Plastics
		14001 Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	
		14020 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	
		14021 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	
		14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	
		14041 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	
		14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	
		14061 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	
		14301 Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	
		14302 Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
		15570 Formation of direct or tubed pedicle, with or without transfer; trunk	
		15572 Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	



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<b>CLOSURE, WOUND, USING ROTATION FLAP</b>	<b>GRAFT FLAP/CLOSURE/ROTATION</b>	15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	ENT, Plastics
		15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	
		15600	Delay of flap or sectioning of flap (division and inset); at trunk	
		15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	
		15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	
		15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	
		15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	
		15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)	
<b>COCCYGECTOMY</b>	<b>COCCYGECTOMY</b>	27080	Coccygectomy, primary	Orthopedics, Spine
<b>COLECTOMY, ASCENDING AND TRANSVERSE, ROBOT-ASSISTED, USING XI, WITH LAPAROTOMY IF INDICATED</b>	<b>COLECTOMY ASCENDING/TRANSVERSE W XI ROBOTICS POSSIBLE OPEN</b>	*44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal Robotics
<b>COLECTOMY, ASCENDING COLON AND HEPATIC FLEXURE, LAPAROSCOPIC</b>	<b>COLECTOMY ASCENDING/HEPATIC FLEXURE LAPAROSCOPY</b>	*44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	Colorectal, General
		*44140	Colectomy, partial; with anastomosis	
		*44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	
		*44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	
		*44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy	
		*44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	
<b>COLECTOMY, ASCENDING COLON AND HEPATIC FLEXURE, OPEN</b>	<b>COLECTOMY ASCENDING/HEPATIC FLEXURE OPEN</b>	*44140	Colectomy, partial; with anastomosis	Colorectal, General
<b>COLECTOMY, ASCENDING COLON, HAND-ASSISTED, LAPAROSCOPIC</b>		*44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal, General
<b>COLECTOMY, DESCENDING COLON, SIGMOID, LOW ANTERIOR, ROBOT-ASSISTED, USING XI</b>	<b>COLECTOMY DESCENDING/SIGMOID/LOW ANTERIOR W XI ROBOTICS</b>	*44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal Robotics
		*44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	
<b>COLECTOMY, PARTIAL OR TOTAL, LAPAROSCOPIC</b>	<b>COLECTOMY TOTAL/SUBTOTAL LAPAROSCOPY</b>	*44204	Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal, General
		*44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	
		*44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	
<b>COLECTOMY, PARTIAL OR TOTAL, OPEN</b>	<b>COLECTOMY TOTAL/SUBTOTAL OPEN</b>	*44140	Colectomy, partial; with anastomosis	Colorectal, General
		*44141	Colectomy, partial; with skin level cecostomy or colostomy	
		*44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	

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<b>COLECTOMY, PARTIAL OR TOTAL, OPEN</b>	<b>COLECTOMY TOTAL/SUBTOTAL OPEN</b>	*44144 Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	Colorectal, General
		*44145 Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	
		*44146 Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	
		*44147 Colectomy, partial; abdominal and transanal approach	
		*44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	
		*44151 Colectomy, total, abdominal, without proctectomy; with continent ileostomy	
		*44155 Colectomy, total, abdominal, with proctectomy; with ileostomy	
		*44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy	
		*44157 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed	
		*44158 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	
*44160 Colectomy, partial, with removal of terminal ileum with ileocolostomy			
<b>COLECTOMY, SIGMOID, HAND-ASSISTED, LAPAROSCOPIC</b>		*44204 Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal, General
<b>COLECTOMY, SIGMOID, LAPAROSCOPIC, WITH LAPAROTOMY IF INDICATED</b>	<b>COLECTOMY SIGMOID LAPAROSCOPIC AND OPEN</b>	*44140 Colectomy, partial; with anastomosis	Colorectal
		*44204 Laparoscopy, surgical; colectomy, partial, with anastomosis	
<b>COLECTOMY, SIGMOID, LOW ANTERIER, OPEN</b>	<b>COLECTOMY SIGMOID/LOW ANTERIOR OPEN</b>	*44145 Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	Colorectal, General
		*44146 Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	
<b>COLECTOMY, SIGMOID, LOW ANTERIOR, LAPAROSCOPIC</b>	<b>COLECTOMY RESECTION SIGMOID/LOW ANTERIOR LAPAROSCOPY</b>	*44204 Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal, General
		*44206 Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)	
		*44207 Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)	
		*44208 Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy	
<b>COLECTOMY, TOTAL, ABDOMINAL PERINEAL RESECTION, LAPAROSCOPIC</b>	<b>COLECTOMY TOTAL ABDOMINAL PERINEAL RESECTION LAPAROSCOPY</b>	*44210 Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	Colorectal, General
		*44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	
		*44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	
<b>COLECTOMY, TOTAL, ABDOMINAL, LAPAROSCOPIC</b>		*44210 Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	Colorectal, General

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<b>COLECTOMY, TOTAL, ABDOMINAL, LAPAROSCOPIC</b>		*44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	Colorectal, General
		*44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	
<b>COLECTOMY, TOTAL, LAPAROSCOPIC, WITH ILEOANAL POUCH CREATION</b>	<b>COLECTOMY TOTAL ILEALANAL POUCH LAPAROSCOPY</b>	*44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	Colorectal, General
<b>COLECTOMY, TOTAL, LAPAROSCOPIC, WITH ILEOSTOMY OR ILEOPROCTOSTOMY CREATION</b>	<b>COLECTOMY TOTAL ILEALANAL POUCH W OSTOMY LAPAROSCOPY</b>	*44210 Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy	Colorectal, General
<b>COLECTOMY, TOTAL, LAPAROSCOPIC, WITH PROCTECTOMY AND OSTOMY CREATION</b>	<b>COLECTOMY TOTAL W PROCTECTOMY W OSTOMY LAPAROSCOPY</b>	*44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	Colorectal, General
		*44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	
<b>COLECTOMY, TOTAL, OPEN, WITH ILEOANAL POUCH CREATION</b>	<b>COLECTOMY TOTAL W ILEALANAL POUCH OPEN</b>	*44158 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	Colorectal, General
<b>COLECTOMY, TOTAL, OPEN, WITH ILEOSTOMY OR ILEOPROCTOSTOMY CREATION</b>	<b>COLECTOMY TOTAL ILEALANAL POUCH W OSTOMY OPEN</b>	*44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	Colorectal, General
<b>COLECTOMY, TOTAL, OPEN, WITH PROCTECTOMY AND OSTOMY CREATION</b>	<b>COLECTOMY TOTAL W PROCTECTOMY W OSTOMY OPEN</b>	*44155 Colectomy, total, abdominal, with proctectomy; with ileostomy	Colorectal, General
		*44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy	
<b>COLECTOMY, TOTAL, ROBOT-ASSISTED, USING XI, WITH ILEOSTOMY OR ILEOANAL POUCH CREATION</b>	<b>COLECTOMY TOTAL W ILEALANAL POUCH W OSTOMY XI ROBOTIC</b>	*44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	Colorectal Robotics
<b>COLECTOMY, TOTAL, ROBOT-ASSISTED, USING XI, WITH PROCTECTOMY AND OSTOMY CREATION</b>	<b>COLECTOMY TOTAL PROCTECTOMY W OSTOMY W XI ROBOTICS</b>	*44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed	Colorectal Robotics
<b>COLECTOMY, TRANSVERSE COLON, SPLENIC FLEXURE, DESCENDING COLON, OR ANY SINGLE SEGMENT, LAPAROSCOPIC</b>	<b>COLECTOMY DESCENDING/TRANSVERSE/SPLENIC FLEXURE LAPAROSCOPY</b>	*44204 Laparoscopy, surgical; colectomy, partial, with anastomosis	Colorectal, General
<b>COLECTOMY, TRANSVERSE COLON, SPLENIC FLEXURE, DESCENDING COLON, OR ANY SINGLE SEGMENT, OPEN</b>	<b>COLECTOMY DESCENDING/TRANSVERSE/SPLENIC FLEXURE OPEN</b>	*44140 Colectomy, partial; with anastomosis	Colorectal, General
<b>COLONOSCOPY, USING ARGON PLASMA COAGULATION, WITH FLUOROSCOPIC GUIDANCE</b>		45382 Colonoscopy, flexible; with control of bleeding, any method	Colorectal, Gastroenterology
		76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	
<b>COLONOSCOPY, WITH ANAL REGION ONABOTULINUMTOXINA INJECTION</b>	<b>COLONOSCOPY W INJECTION ANAL BOTOX</b>	45381 Colonoscopy, flexible; with directed submucosal injection(s), any substance	Colorectal, Gastroenterology
		46505 Chemodeneration of internal anal sphincter	
<b>COLONOSCOPY, WITH ARGON PLASMA COAGULATION</b>	<b>COLONOSCOPY WITH ARGON PLASMA COAGULATOR WITH ANESTHESIA</b>	45382 Colonoscopy, flexible; with control of bleeding, any method	Colorectal, Gastroenterology

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<b>COLONOSCOPY, WITH ARGON PLASMA COAGULATION</b>	<b>COLONOSCOPY WITH ARGON PLASMA COAGULATOR WITH ANESTHESIA</b>	45388 Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Colorectal, Gastroenterology
<b>COLONOSCOPY, WITH COLONIC STENT INSERTION</b>	<b>COLONOSCOPY WITH STENT PLACEMENT</b>	45389 Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Colorectal, Gastroenterology
<b>COLONOSCOPY, WITH ENDOSCOPIC ULTRASOUND</b>		45391 Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	Colorectal, Gastroenterology
<b>COLONOSCOPY, WITH FROZEN FECAL MICROBIOTA TRANSFER</b>	<b>COLONOSCOPY WITH FROZEN DONOR FECAL TRANSPLANTATION W ANESTHESIA</b>	44705 Preparation of fecal microbiota for instillation, including assessment of donor specimen	Gastroenterology
		45378 Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
<b>COLONOSCOPY, WITH HEMORRHOID BANDING</b>	<b>COLONOSCOPY W HEMORRHOID BANDING</b>	45398 Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	Colorectal, Gastroenterology
<b>COLONOSCOPY, WITH HEMORRHOIDECTOMY, WITH FISSURECTOMY IF INDICATED</b>	<b>COLONOSCOPY HEMORRHOIDECTOMY W/WO FISSURECTOMY</b>	45378 Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Colorectal
		45398 Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	
		46257 Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	
		46258 Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	
<b>COLONOSCOPY, WITH RADIATION PROCTITIS TREATMENT USING RADIOFREQUENCY ABLATION</b>	<b>COLONOSCOPY W RFA OF RADIATION PROCTITIS W ANESTHESIA</b>	45382 Colonoscopy, flexible; with control of bleeding, any method	Gastroenterology
		45388 Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	
<b>COLONOSCOPY, WITH RECTAL ABSCESS INCISION AND DRAINAGE</b>	<b>COLONOSCOPY INCISION &amp; DRAINAGE RECTAL ABSCESS</b>	45005 Incision and drainage of submucosal abscess, rectum	General
		45378 Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
<b>COLONOSCOPY, WITH STENT INSERTION</b>	<b>COLONOSCOPY WITH INSERTION STENT WITH ANESTHESIA</b>	45389 Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)	Colorectal, Gastroenterology
<b>COLONOSCOPY, WITH STRICTURE DILATION</b>	<b>COLONOSCOPY ENDOSCOPY W DILATATION</b>	45386 Colonoscopy, flexible; with transendoscopic balloon dilation	Colorectal, Gastroenterology
<b>COLONOSCOPY, WITH YAG LASER TREATMENT</b>	<b>COLONOSCOPY W YAG LASER</b>	45388 Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	General
<b>COLONOSCOPY</b>	<b>COLONOSCOPY W ANESTHESIA</b>	45378 Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Colorectal, Gastroenterology, General
<b>COLPOCLEISIS</b>	<b>COLPOCLEISIS VAGINAL</b>	57120 Colpocleisis (Le Fort type)	Gynecology
<b>COLPOPEXY, ABDOMINAL APPROACH</b>	<b>SUSPENSION VAGINAL VAULT (ABDOMINAL APPROACH)</b>	*57280 Colpopexy, abdominal approach	Gynecology

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<b>COLPORRHAPHY, ANTERIOR, USING MESH IF INDICATED</b>	<b>REPAIR ANTERIOR W/WO MESH</b>	57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Gynecology
		57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	
<b>COLPORRHAPHY, ANTERIOR, WITH COLPORRHAPHY POSTERIOR AND/OR ENTEROCELE REPAIR IF INDICATED, WITH SUBURETHRAL SLING CREATION</b>	<b>REPAIR ANTERIOR &amp;/ POSTERIOR &amp;/ ENTEROCELE W SLING</b>	57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Gynecology
		57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	
		57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	
		57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	
		57268 Repair of enterocele, vaginal approach (separate procedure)	
		*57270 Repair of enterocele, abdominal approach (separate procedure)	
		57288 Sling operation for stress incontinence (eg, fascia or synthetic)	
<b>COLPORRHAPHY, COMBINED ANTEROPOSTERIOR, WITH CYSTOSCOPY, ENTEROCELE REPAIR, AND URETHRAL SLING CREATION</b>	<b>REPAIR ANTERIOR&amp;/ POSTERIOR &amp;/ ENTEROCELE WITH SLING WITH CYSTOSCOPY</b>	51992 Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	Gynecology
		52000 Cystourethroscopy (separate procedure)	
		57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	
		57288 Sling operation for stress incontinence (eg, fascia or synthetic)	
<b>COLPORRHAPHY, COMBINED ANTEROPOSTERIOR, WITH ENTEROCELE REPAIR</b>	<b>REPAIR ANTERIOR &amp;/ POSTERIOR &amp;/ ENTEROCELE</b>	57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Gynecology
		57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	
<b>COLPORRHAPHY, COMBINED ANTEROPOSTERIOR, WITH PARAVAGINAL DEFECT REPAIR</b>	<b>REPAIR ANTERIOR AND POSTERIOR W REPAIR PARA VAGINAL</b>	57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	Gynecology
		57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	
		57284 Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	
		57285 Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	
		57423 Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	
<b>COLPORRHAPHY, POSTERIOR, USING MESH IF INDICATED</b>	<b>REPAIR POSTERIOR W/WO MESH</b>	57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Gynecology
		57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	

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<b>COLPORRHAPHY, POSTERIOR, USING TRANSOBTURATOR TENSION-FREE VAGINAL MESH IF INDICATED</b>	<b>COLPORRHAPHY POSTERIOR W/ WO PROLIFT</b>	57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	Gynecology
		57267	Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)	
<b>COLPORRHAPHY</b>	<b>COLPORRHAPHY</b>	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	Gynecology
		57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	
		57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	
		57260	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	
<b>COLPOSCOPY</b>	<b>COLPOSCOPY</b>	56820	Colposcopy of the vulva;	Gynecology
		57420	Colposcopy of the entire vagina, with cervix if present;	
		57452	Colposcopy of the cervix including upper/adjacent vagina;	
<b>COLPOSUSPENSION, OPEN, BURCH</b>	<b>SUSPENSION BLADDER NECK/BURCH PROCEDURE OPEN</b>	51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	Gynecology
		*51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	
<b>COMPLEX REMOVAL, ELECTRODE LEAD, CARDIAC PACEMAKER, USING LASER</b>	<b>LASER-EXTRACT PACEMAKER LEAD PROLONGED</b>	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Pacemakers
		33235	Removal of transvenous pacemaker electrode(s); dual lead system	
		*33238	Removal of permanent transvenous electrode(s) by thoracotomy	
<b>COMPLEX REMOVAL, ELECTRODE LEAD, CARDIAC PACEMAKER</b>	<b>EXTRACT PACEMAKER LEAD PROLONGED</b>	33234	Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Pacemakers
		33235	Removal of transvenous pacemaker electrode(s); dual lead system	
		*33238	Removal of permanent transvenous electrode(s) by thoracotomy	
<b>COMPLEX REMOVAL, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), USING LASER</b>	<b>LASER-EXTRACT CARDIOVERTER DEFIB LEAD PROLONG</b>	*33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	Pacemakers
		33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	
		33272	Removal of subcutaneous implantable defibrillator electrode	
<b>COMPLEX REMOVAL, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>EXTRACT CARDIOVERTER DEFIBRILLATOR LEAD PROLONGED</b>	*33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	Pacemakers
		33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	
		33272	Removal of subcutaneous implantable defibrillator electrode	
<b>COMPLEX REPAIR, TENDON OR LIGAMENT, DIGIT, HAND, 2 OR MORE</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND MULTIPLE</b>	26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	Orthopedics

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New Name	Old Name	CPT Code	Service	
<b>COMPLEX REPAIR, TENDON OR LIGAMENT, DIGIT, HAND, 2 OR MORE</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND MULTIPLE</b>	26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	Orthopedics
		26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	
		26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	
		26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	
		26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	
		26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	
		26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	
		26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	
		26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	
		26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	
<b>CONE BIOPSY, CERVIX, USING CO2 LASER</b>	<b>BIOPSY CO2 LASER CONE CERVIX</b>	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	Gynecology
<b>CONE BIOPSY, CERVIX, USING COLD KNIFE</b>	<b>CONIZATION CERVIX COLD KNIFE</b>	57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	Gynecology
<b>CONVERSION, ARTHROPLASTY, SHOULDER, TOTAL, TO REVERSE TOTAL SHOULDER ARTHROPLASTY (RTSA)</b>	<b>REVISION SHOULDER REPLACEMENT W REVERSE TOTAL SHOULDER REPLACEMENT</b>	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Orthopedics
		23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	
<b>CORE DECOMPRESSION, FEMUR, HEAD</b>	<b>CORE DECOMPRESSION HIP</b>	27299	Unlisted procedure, pelvis or hip joint	Orthopedics
<b>CORONARY ARTERY BYPASS GRAFT (CABG), REPEAT, WITH ENDOSCOPIC VASCULAR GRAFT PROCUREMENT</b>	<b>CORONARY GRAFTS REDO W ENDOSCOPIC HARVEST</b>	*33510	Coronary artery bypass, vein only; single coronary venous graft	Cardiac/Open Heart
		*33511	Coronary artery bypass, vein only; 2 coronary venous grafts	
		*33512	Coronary artery bypass, vein only; 3 coronary venous grafts	
		*33513	Coronary artery bypass, vein only; 4 coronary venous grafts	
		*33514	Coronary artery bypass, vein only; 5 coronary venous grafts	
		*33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	
		*33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	

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<b>CORONARY ARTERY BYPASS GRAFT (CABG), REPEAT, WITH ENDOSCOPIC VASCULAR GRAFT PROCUREMENT</b>	<b>CORONARY GRAFTS REDO W ENDOSCOPIC HARVEST</b>	*33518 Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	Cardiac/Open Heart
		*33519 Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	
		*33521 Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	
		*33522 Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	
		*33523 Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	
		*33530 Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	
		*33533 Coronary artery bypass, using arterial graft(s); single arterial graft	
		*33534 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	
		*33535 Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	
		*33536 Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	
<b>CORONARY ARTERY BYPASS GRAFT (CABG), USING INTERNAL THORACIC ARTERY, ROBOT-ASSISTED, USING XI</b>	<b>CORONARY GRAFT MINIMAL INVASIVE MAMMARY ARTERY TAKEDOWN XI ROBOTICS</b>	*33533 Coronary artery bypass, using arterial graft(s); single arterial graft	Cardiac/Thoracic Robotics
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH AORTIC VALVE REPLACEMENT AND MITRAL VALVE REPAIR OR REPLACEMENT</b>	<b>CORONARY GRAFTS REPLACE AORTIC+REPAIR/REPLACE MITRAL VALVES</b>	*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Cardiac/Open Heart
		*33406 Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
		*33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	
		*33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	
		*33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	
		*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;	
		*33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	
		*33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	
		*33430 Replacement, mitral valve, with cardiopulmonary bypass	



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<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH AORTIC VALVE REPLACEMENT AND MITRAL VALVE REPAIR OR REPLACEMENT</b>	<b>CORONARY GRAFTS REPLACE AORTIC+REPAIR/REPLACE MITRAL VALVES</b>	*33440 Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	Cardiac/Open Heart			
		*33510 Coronary artery bypass, vein only; single coronary venous graft				
		*33511 Coronary artery bypass, vein only; 2 coronary venous grafts				
		*33512 Coronary artery bypass, vein only; 3 coronary venous grafts				
		*33513 Coronary artery bypass, vein only; 4 coronary venous grafts				
		*33514 Coronary artery bypass, vein only; 5 coronary venous grafts				
		*33516 Coronary artery bypass, vein only; 6 or more coronary venous grafts				
		*33533 Coronary artery bypass, using arterial graft(s); single arterial graft				
		*33534 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts				
		*33535 Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts				
		*33536 Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts				
		<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT AND AORTIC VALVE REPLACEMENT</b>		<b>CORONARY GRAFTS W ENDOSCOPIC HARVEST REPLACE AORTIC VALVE</b>	*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Cardiac/Open Heart
					*33406 Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
*33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve						
*33510 Coronary artery bypass, vein only; single coronary venous graft						
35572 Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)						
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT AND MITRAL VALVE REPAIR OR REPLACEMENT</b>	<b>CORONARY GRAFTWENDOSCOPE HARVEST REPAIR/REPLACE MITRAL VALVE</b>	*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;	Cardiac/Open Heart			
		*33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring				
		*33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring				
		*33430 Replacement, mitral valve, with cardiopulmonary bypass				
		33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)				
		*33510 Coronary artery bypass, vein only; single coronary venous graft				
		*33511 Coronary artery bypass, vein only; 2 coronary venous grafts				
		*33512 Coronary artery bypass, vein only; 3 coronary venous grafts				
		*33513 Coronary artery bypass, vein only; 4 coronary venous grafts				
*33514 Coronary artery bypass, vein only; 5 coronary venous grafts						

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<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT AND MITRAL VALVE REPAIR OR REPLACEMENT</b>	<b>CORONARY GRAFTWENDOSCOPE HARVEST REPAIR/REPLACE MITRAL VALVE</b>	*33516 Coronary artery bypass, vein only; 6 or more coronary venous grafts	Cardiac/Open Heart
		*33533 Coronary artery bypass, using arterial graft(s); single arterial graft	
		*33534 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	
		*33535 Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	
		*33536 Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT AND MITRAL VALVE REPLACEMENT</b>	<b>CORONARY GRAFTS W ENDOSCOPIC HARVEST REPLACE MITRAL VALVE</b>	*33430 Replacement, mitral valve, with cardiopulmonary bypass	Cardiac/Open Heart
		33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	
		*33510 Coronary artery bypass, vein only; single coronary venous graft	
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT AND TRICUSPID VALVE REPAIR</b>	<b>CORONARY GRAFTS W ENDOSCOPIC HARVEST WREPAIR TRICUSPID VALVE</b>	*33463 Valvuloplasty, tricuspid valve; without ring insertion	Cardiac/Open Heart
		*33464 Valvuloplasty, tricuspid valve; with ring insertion	
		33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	
		*33510 Coronary artery bypass, vein only; single coronary venous graft	
		*33511 Coronary artery bypass, vein only; 2 coronary venous grafts	
		*33512 Coronary artery bypass, vein only; 3 coronary venous grafts	
		*33513 Coronary artery bypass, vein only; 4 coronary venous grafts	
		*33514 Coronary artery bypass, vein only; 5 coronary venous grafts	
		*33516 Coronary artery bypass, vein only; 6 or more coronary venous grafts	
		*33533 Coronary artery bypass, using arterial graft(s); single arterial graft	
		*33534 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	
		*33535 Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	
		*33536 Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	
		<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT USING LESSER SAPHENOUS VEIN</b>	
*33510 Coronary artery bypass, vein only; single coronary venous graft			
*33511 Coronary artery bypass, vein only; 2 coronary venous grafts			
*33512 Coronary artery bypass, vein only; 3 coronary venous grafts			
*33513 Coronary artery bypass, vein only; 4 coronary venous grafts			
*33514 Coronary artery bypass, vein only; 5 coronary venous grafts			
*33516 Coronary artery bypass, vein only; 6 or more coronary venous grafts			

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New Name	Old Name	CPT Code	Service	
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT USING LESSER SAPHENOUS VEIN</b>		*33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	Cardiac/Open Heart
		*33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)	
		*33519	Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	
		*33521	Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	
		*33522	Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	
		*33523	Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	
		*33533	Coronary artery bypass, using arterial graft(s); single arterial graft	
		*33534	Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	
		*33535	Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	
		*33536	Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT, WITHOUT CARDIOPULMONARY BYPASS</b>	<b>CORONARY GRAFTS OFF PUMP W ENDOSCOPIC HARVEST</b>	33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Cardiac/Open Heart
		*33510	Coronary artery bypass, vein only; single coronary venous graft	
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT</b>	<b>CORONARY GRAFTS W ENDOSCOPIC HARVEST</b>	33508	Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Cardiac/Open Heart
		*33510	Coronary artery bypass, vein only; single coronary venous graft	
		*33511	Coronary artery bypass, vein only; 2 coronary venous grafts	
		*33512	Coronary artery bypass, vein only; 3 coronary venous grafts	
		*33513	Coronary artery bypass, vein only; 4 coronary venous grafts	
		*33514	Coronary artery bypass, vein only; 5 coronary venous grafts	
		*33516	Coronary artery bypass, vein only; 6 or more coronary venous grafts	
		*33517	Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)	
*33518	Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)			

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New Name	Old Name	CPT Code	Service
<b>CORONARY ARTERY BYPASS GRAFT (CABG), WITH ENDOSCOPIC VESSEL PROCUREMENT</b>	<b>CORONARY GRAFTS W ENDOSCOPIC HARVEST</b>	*33519 Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)	Cardiac/Open Heart
		*33521 Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)	
		*33522 Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)	
		*33523 Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)	
		*33533 Coronary artery bypass, using arterial graft(s); single arterial graft	
		*33534 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts	
		*33535 Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts	
		*33536 Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts	
<b>CORPECTOMY, SPINE, CERVICAL, MINIMALLY INVASIVE, 1 LEVEL, ANTERIOR APPROACH, USING MICROSCOPE, WITH FUSION</b>	<b>ANTERIOR MICROCERVICAL CORPECTOMY FUSION PLATING 1</b>	22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Spine
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
		22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
		*63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	
<b>CORPECTOMY, SPINE, CERVICAL, MINIMALLY INVASIVE, 2 OR MORE LEVELS, ANTERIOR APPROACH, USING MICROSCOPE, WITH FUSION</b>	<b>ANTERIOR MICROCERVICAL CORPECTOMY FUSION PLATING 2+</b>	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spine
		22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	
		22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for primary procedure)	
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	

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New Name	Old Name	CPT Code	Service
<b>CORPECTOMY, SPINE, CERVICAL, MINIMALLY INVASIVE, 2 OR MORE LEVELS, ANTERIOR APPROACH, USING MICROSCOPE, WITH FUSION</b>	<b>ANTERIOR MICROCERVICAL CORPECTOMY FUSION PLATING 2+</b>	22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Spine
		22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
		22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	
		*63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment	
		*63082 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)	
		69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	
<b>CRANIECTOMY, POSTERIOR CRANIAL FOSSA</b>	<b>CRANIECTOMY POSTERIOR</b>	*61522 Craniectomy, infratentorial or posterior fossa; for excision of brain abscess	Neurosurgery
		*61524 Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst	
<b>CRANIOPLASTY</b>	<b>CRANIOPLASTY</b>	*62140 Cranioplasty for skull defect; up to 5 cm diameter	Neurosurgery
		*62141 Cranioplasty for skull defect; larger than 5 cm diameter	
		*62145 Cranioplasty for skull defect with reparative brain surgery	
		*62146 Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	
		*62147 Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	
<b>CRANIOTOMY, DECOMPRESSIVE, FOR CHIARI MALFORMATION</b>	<b>DECOMPRESSION CHIARI</b>	*61343 Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	Neurosurgery
<b>CRANIOTOMY, FOR SUBDURAL HEMATOMA EVACUATION</b>	<b>CRANIOTOMY EVACUATION SUBDURAL HEMATOMA</b>	*61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	Neurosurgery
		*61314 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	
<b>CRANIOTOMY, INFRATENTORIAL</b>	<b>CRANIOTOMY INFRATENTORIAL</b>	*61305 Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	Neurosurgery
		*61314 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural	
		*61315 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar	
		*61321 Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial	
<b>CRANIOTOMY, POSTERIOR CRANIAL FOSSA</b>	<b>CRANIOTOMY POSTERIOR FOSSA</b>	*61305 Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)	Neurosurgery
<b>CRANIOTOMY, SUPRATENTORIAL</b>	<b>CRANIOTOMY SUPRATENTORIAL W NEURONAVIGATOR</b>	*61304 Craniectomy or craniotomy, exploratory; supratentorial	Neurosurgery

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<b>CRANIOTOMY, SUPRATENTORIAL</b>	<b>CRANIOTOMY SUPRATENTORIAL W NEURONAVIGATOR</b>	*61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	Neurosurgery
		*61313 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral	
		*61320 Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial	
		*61514 Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial	
		61781 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	
		61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	
<b>CRANIOTOMY, WITH NEOPLASM EXCISION</b>	<b>CRANIOTOMY TUMOR EXCISION W CUSA</b>	*61500 Craniectomy; with excision of tumor or other bone lesion of skull	Neurosurgery
		*61510 Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	
		*61512 Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial	
		*61518 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull	
		*61519 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma	
		*61520 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor	
		*61521 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull	
<b>CRANIOTOMY, WITH OMMAYA RESERVOIR INSERTION, RIGHT FRONTAL BURR HOLE</b>		*61210 Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)	Neurosurgery
		61215 Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	
<b>CRANIOTOMY, WITH SKULL LESION EXCISION AND CRANIOPLASTY WITH NEURONAVIGATION</b>	<b>CRANIOTOMY EXCISE SKULL LESION NEURO NAVIGATOR CRANIOPLASTY</b>	*61500 Craniectomy; with excision of tumor or other bone lesion of skull	Neurosurgery
		61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	
		*62140 Cranioplasty for skull defect; up to 5 cm diameter	
		*62141 Cranioplasty for skull defect; larger than 5 cm diameter	
		*62146 Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter	
		*62147 Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter	
<b>CREATION, ARTERIOVENOS (AV) FISTULA, OR ACCESS GRAFT INSERTION, LOWER EXTREMITY</b>	<b>INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT LOWER EXTREMITY</b>	36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	Vascular

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<b>CREATION, ARTERIOVENOS (AV) FISTULA, OR ACCESS GRAFT INSERTION, LOWER EXTREMITY</b>	<b>INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT LOWER EXTREMITY</b>	36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	Vascular
<b>CREATION, ARTERIOVENOS (AV) FISTULA, OR ACCESS GRAFT INSERTION, UPPER EXTREMITY</b>	<b>INSERT ARTERIAL VENOUS FISTULA/ACCESS GRAFT UPPER EXTREMITY</b>	36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft 36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	Vascular
<b>CREATION, BYPASS, ARTERIAL, AORTA TO CAROTID OR AORTA TO INNOMINATE</b>		*35526 Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid *35626 Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid	Cardiac/Open Heart
<b>CREATION, BYPASS, ARTERIAL, AORTA TO FEMORAL, BILATERAL, WITH BILATERAL ILIAC ARTERY REPAIR</b>	<b>BYPASS AORTO BIFEMORAL W REPAIR ILIAC ARTERY BILATERAL</b>	35226 Repair blood vessel, direct; lower extremity 35256 Repair blood vessel with vein graft; lower extremity 35286 Repair blood vessel with graft other than vein; lower extremity *35540 Bypass graft, with vein; aortobifemoral *35646 Bypass graft, with other than vein; aortobifemoral	Vascular
<b>CREATION, BYPASS, ARTERIAL, AORTA TO FEMORAL, BILATERAL</b>	<b>BYPASS AORTO BIFEMORAL</b>	*35540 Bypass graft, with vein; aortobifemoral *35646 Bypass graft, with other than vein; aortobifemoral	Vascular
<b>CREATION, BYPASS, ARTERIAL, AORTA TO FEMORAL</b>	<b>BYPASS AORTO FEMORAL</b>	*35539 Bypass graft, with vein; aortofemoral *35540 Bypass graft, with vein; aortobifemoral *35646 Bypass graft, with other than vein; aortobifemoral *35647 Bypass graft, with other than vein; aortofemoral	Vascular
<b>CREATION, BYPASS, ARTERIAL, AXILLARY TO BILATERAL FEMORAL, USING GRAFT</b>	<b>BYPASS AXILLO BIFEMORAL</b>	*35533 Bypass graft, with vein; axillary-femoral-femoral *35654 Bypass graft, with other than vein; axillary-femoral-femoral	Vascular
<b>CREATION, BYPASS, ARTERIAL, AXILLARY TO FEMORAL, USING GRAFT</b>	<b>BYPASS AXILLO-FEMORAL</b>	*35521 Bypass graft, with vein; axillary-femoral *35533 Bypass graft, with vein; axillary-femoral-femoral *35621 Bypass graft, with other than vein; axillary-femoral *35654 Bypass graft, with other than vein; axillary-femoral-femoral	Vascular
<b>CREATION, BYPASS, ARTERIAL, AXILLARY</b>	<b>BYPASS AXILLARY - AXILLARY</b>	*35518 Bypass graft, with vein; axillary-axillary *35650 Bypass graft, with other than vein; axillary-axillary	Vascular
<b>CREATION, BYPASS, ARTERIAL, BRACHIAL</b>	<b>BYPASS BRACHIAL ARTERY</b>	*35510 Bypass graft, with vein; carotid-brachial *35512 Bypass graft, with vein; subclavian-brachial *35522 Bypass graft, with vein; axillary-brachial *35523 Bypass graft, with vein; brachial-ulnar or -radial *35525 Bypass graft, with vein; brachial-brachial	Vascular
<b>CREATION, BYPASS, ARTERIAL, CAROTID</b>	<b>BYPASS CAROTID CAROTID</b>	*35501 Bypass graft, with vein; common carotid-ipsilateral internal carotid *35506 Bypass graft, with vein; carotid-subclavian or subclavian-carotid *35508 Bypass graft, with vein; carotid-vertebral	Vascular

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<b>CREATION, BYPASS, ARTERIAL, CAROTID</b>	<b>BYPASS CAROTID CAROTID</b>	*35509 Bypass graft, with vein; carotid-contralateral carotid	Vascular
		*35510 Bypass graft, with vein; carotid-brachial	
		*35601 Bypass graft, with other than vein; common carotid-ipsilateral internal carotid	
		*35606 Bypass graft, with other than vein; carotid-subclavian	
		*35642 Bypass graft, with other than vein; carotid-vertebral	
<b>CREATION, BYPASS, ARTERIAL, FEMORAL TO CONTRALATERAL FEMORAL, USING GRAFT, WITH FEMOROPOPLITEAL ARTERIAL BYPASS CREATION USING GRAFT</b>	<b>BYPASS CROSS FEMORAL &amp; FEMORAL POPLITEAL</b>	*35556 Bypass graft, with vein; femoral-popliteal	Vascular
		*35558 Bypass graft, with vein; femoral-femoral	
		*35656 Bypass graft, with other than vein; femoral-popliteal	
		*35661 Bypass graft, with other than vein; femoral-femoral	
<b>CREATION, BYPASS, ARTERIAL, FEMORAL TO CONTRALATERAL FEMORAL</b>	<b>BYPASS CROSS FEMORAL (FEMORAL TO FEMORAL BYPASS)</b>	*35661 Bypass graft, with other than vein; femoral-femoral	Vascular
<b>CREATION, BYPASS, ARTERIAL, FEMORAL TO POPLITEAL, USING GRAFT</b>	<b>BYPASS FEMORAL POPLITEAL/BYPASS FEMORAL PERONEAL</b>	*35556 Bypass graft, with vein; femoral-popliteal	Vascular
		*35656 Bypass graft, with other than vein; femoral-popliteal	
<b>CREATION, BYPASS, ARTERIAL, FEMORAL TO TIBIAL</b>	<b>BYPASS FEMORAL TIBIAL</b>	*35566 Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels	Vascular
		*35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	
		*35666 Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery	
<b>CREATION, BYPASS, ARTERIAL, ILIAC TO FEMORAL, BILATERAL</b>	<b>BYPASS ILIO BIFEMORAL</b>	*35565 Bypass graft, with vein; iliofemoral	Vascular
		*35665 Bypass graft, with other than vein; iliofemoral	
<b>CREATION, BYPASS, ARTERIAL, ILIAC TO FEMORAL</b>	<b>BYPASS ILIO FEMORAL</b>	*35565 Bypass graft, with vein; iliofemoral	Vascular
		*35665 Bypass graft, with other than vein; iliofemoral	
<b>CREATION, BYPASS, ARTERIAL, MESENTERIC</b>	<b>BYPASS MESENTERIC ARTERY</b>	*35531 Bypass graft, with vein; aortoceliac or aortomesenteric	Vascular
		*35631 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	
		*35633 Bypass graft, with other than vein; ilio-mesenteric	
<b>CREATION, BYPASS, ARTERIAL, RENAL</b>	<b>BYPASS RENAL ARTERY</b>	*35535 Bypass graft, with vein; hepatorenal	Vascular
		*35536 Bypass graft, with vein; splenorenal	
		*35560 Bypass graft, with vein; aortorenal	
		*35631 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal	
		*35634 Bypass graft, with other than vein; iliorenal	
		*35636 Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)	
<b>CREATION, BYPASS, ARTERIAL, SUBCLAVIAN TO CAROTID OR AXILLARY TO SUBCLAVIAN, USING GRAFT</b>	<b>BYPASS CAROTID SUBCLAVIAN/AXILLARY</b>	*35506 Bypass graft, with vein; carotid-subclavian or subclavian-carotid	Vascular
		*35516 Bypass graft, with vein; subclavian-axillary	
		*35606 Bypass graft, with other than vein; carotid-subclavian	
		*35616 Bypass graft, with other than vein; subclavian-axillary	
<b>CREATION, BYPASS, ARTERIAL, SUBCLAVIAN TO SUBCLAVIAN</b>		*35511 Bypass graft, with vein; subclavian-subclavian	Vascular
		*35612 Bypass graft, with other than vein; subclavian-subclavian	
<b>CREATION, COLOSTOMY OR ILEOSTOMY</b>	<b>COLOSTOMY/ILEOSTOMY</b>	*44310 Ileostomy or jejunostomy, non-tube	Colorectal, General



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<b>CREATION, COLOSTOMY OR ILEOSTOMY</b>	<b>COLOSTOMY/ILEOSTOMY</b>	*44320 Colostomy or skin level cecostomy;	Colorectal, General
<b>CREATION, COLOSTOMY, LAPAROSCOPIC</b>	<b>COLOSTOMY LAPAROSCOPIC</b>	*44188 Laparoscopy, surgical, colostomy or skin level cecostomy	Colorectal
<b>CREATION, CRANIAL BURR HOLE, WITH SUBSEQUENT ASPIRATION OF INTRACRANIAL ABSCESS</b>	<b>BURR HOLE W ASPIRATION OF ABSCESS</b>	*61151 Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst	Neurosurgery
<b>CREATION, CRANIAL BURR HOLE, WITH VENTRICULOSTOMY</b>	<b>BURR HOLE W VENTRICULOSTOMY</b>	*62180 Ventriculocisternostomy (Torkildsen type operation) *62200 Ventriculocisternostomy, third ventricle; *62201 Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method	Neurosurgery
<b>CREATION, GASTRIC BYPASS, ROUX-EN-Y, LAPAROSCOPIC, WITH GASTROENTEROSTOMY, WITH LAPAROTOMY IF INDICATED</b>	<b>GASTRIC-BYPASS ROUX-EN-Y LAPAROSCOPIC POSS LAPAROTOMY</b>	*43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) *43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption *43846 Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Bariatric
<b>CREATION, GASTRIC BYPASS, ROUX-EN-Y, LAPAROSCOPIC, WITH LIVER BIOPSY IF INDICATED, WITH HIATAL HERNIA REPAIR IF INDICATED, WITH LAPAROTOMY IF INDICATED</b>	<b>GASTRIC BYPASS ROUX-EN-Y POSS REP HIATAL HERNIA+LIVER BX LAPSCOPE POSS OPEN</b>	*43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) *43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Bariatric
<b>CREATION, GASTRIC BYPASS, ROUX-EN-Y, LAPAROSCOPIC, WITH SLEEVE GASTRECTOMY IF INDICATED, WITH LAPAROTOMY IF INDICATED</b>	<b>GASTRIC-BYPASS-ROUX-EN-Y POSS GAST SLEEVE LAPAROSCY POSS OPEN</b>	*43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) *43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Bariatric
<b>CREATION, GASTRIC BYPASS, ROUX-EN-Y, LAPAROSCOPIC, WITH SLEEVE GASTRECTOMY IF INDICATED, WITH LIVER BIOPSY IF INDICATED, WITH HIATAL HERNIA REPAIR IF INDICATED, WITH LAPAROTOMY IF INDICATED</b>	<b>GASTRIC BYPASS ROUX-EN-Y POSS GASTRECTOMY SLEEVE POSS HIATAL HERNIA POSS LIVER BX LAPAROSCOPY POSS OPEN</b>	*43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) *43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Bariatric
<b>CREATION, GASTRIC BYPASS, ROUX-EN-Y, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI, WITH SLEEVE GASTRECTOMY IF INDICATED, WITH LIVER BIOPSY IF INDICATED, WITH HIATAL HERNIA REPAIR IF INDICATED, WITH LAPAROTO</b>		*43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) *43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	Bariatric Robotics
<b>CREATION, ILEAL CONDUIT</b>	<b>ILEO CONDUIT</b>	*50820 Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)	Urology
<b>CREATION, PERICARDIAL WINDOW, SUBXIPHOID APPROACH, WITH BIOPSY OR DRAINAGE</b>	<b>DRAINAGE/BIOPSY PERICARDIAL WINDOW SUBXYPHOID APPROACH</b>	32604 Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy *32659 Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	Cardiac/Open Heart, Thoracic

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<b>CREATION, PERICARDIAL WINDOW, SUBXIPHOID APPROACH, WITH BIOPSY OR DRAINAGE</b>	<b>DRAINAGE/BIOPSY PERICARDIAL WINDOW SUBXYPHOID APPROACH</b>	*33025 Creation of pericardial window or partial resection for drainage	Cardiac/Open Heart, Thoracic
<b>CREATION, PERICARDIAL WINDOW, THORACOSCOPIC, FOR DRAINAGE</b>	<b>THORACOSCOPY W PERICARDIAL WINDOW</b>	*32659 Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage	Thoracic
<b>CREATION, PERICARDIAL WINDOW, WITH BIOPSY OR DRAINAGE, AFTER CARDIAC SURGERY</b>	<b>DRAINAGE PERICARDIAL WINDOW POST CARDIAC SURGERY</b>	32604 Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy *32659 Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage *33025 Creation of pericardial window or partial resection for drainage	Cardiac/Open Heart
<b>CREATION, TRACHEOSTOMY</b>	<b>TRACHEOSTOMY</b>	31600 Tracheostomy, planned (separate procedure); 31601 Tracheostomy, planned (separate procedure); younger than 2 years 31603 Tracheostomy, emergency procedure; transtracheal 31605 Tracheostomy, emergency procedure; cricothyroid membrane 31610 Tracheostomy, fenestration procedure with skin flaps	Cardiac/Open Heart, General, Thoracic
<b>CREATION, URETHRAL SLING, WITHOUT CYSTOSCOPY, MALE</b>	<b>INSERTION SLING MALE WITHOUT CYSTOSCOPY</b>	53440 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	Urology
<b>CURETTAGE, ENDOCERVICAL</b>		57505 Endocervical curettage (not done as part of a dilation and curettage)	Gynecology
<b>CURETTAGE, FINGER, WITH BONE GRAFT APPLICATION</b>	<b>CURETTAGE FINGER W BONE GRAFT</b>	26215 Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	Orthopedics
<b>CYSTECTOMY, PARTIAL, ROBOT-ASSISTED, USING XI</b>	<b>CYSTECTOMY PARTIAL W XI ROBOTICS</b>	*51550 Cystectomy, partial; simple *51555 Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location) *51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	Urology Robotics
<b>CYSTECTOMY, PARTIAL</b>	<b>CYSTECTOMY PARTIAL</b>	*51550 Cystectomy, partial; simple *51555 Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location) *51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)	Urology
<b>CYSTECTOMY, TOTAL, ROBOT-ASSISTED, USING XI, WITH ILEAL CONDUIT CREATION</b>	<b>CYSTECTOMY TOTAL ILEO LOOP W XI ROBOTICS</b>	*51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	Urology Robotics
<b>CYSTECTOMY, TOTAL, WITH URETEROILEAL CONDUIT CREATION</b>	<b>CYSTECTOMY TOTAL ILEO LOOP</b>	*51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; *51595 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Urology
<b>CYSTOGASTROSTOMY, PANCREAS, WITH ENDOSCOPIC ULTRASOUND GUIDANCE</b>	<b>CYSTOGASTROSTOMY PANCREATIC ENDO ULTRASOUND WITH ANESTHESIA</b>	43240 Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)	Gastroenterology

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<b>CYSTOLITHOLAPAXY</b>	<b>CYSTOSCOPY LITHOPAXY</b>	52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	Urology
		52318 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	
<b>CYSTOLITHOTOMY</b>	<b>CYSTOLITHOTOMY OPEN</b>	51050 Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection	Urology
<b>CYSTOPROSTATECTOMY, ROBOT-ASSISTED, USING XI, WITH ILEAL CONDUIT CREATION</b>	<b>CYSTOPROSTATECTOMY W ILEO CONDUIT XI ROBOT ASSISTED</b>	*51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;	Urology Robotics
		55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	
<b>CYSTOSCOPY, RETROGRADE WITH ENDOPYELOTOMY USING ACUCISE</b>		52342 Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Urology
		52344 Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)	
<b>CYSTOSCOPY, UROPLASTY, WITH MACROPLASTIQUE INJECTION</b>	<b>CYSTOSCOPY UROPLASTY WITH MACROPLASTIQUE INJECTION</b>	51715 Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Urology
		52327 Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	
<b>CYSTOSCOPY, WITH BILATERAL URETERAL STENT REPLACEMENT</b>	<b>CYSTOSCOPY URETERAL STENT CHANGE BILATERAL</b>	52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Urology
<b>CYSTOSCOPY, WITH BLADDER BIOPSY</b>	<b>CYSTOSCOPY BLADDER BIOPSY</b>	52204 Cystourethroscopy, with biopsy(s)	Urology
<b>CYSTOSCOPY, WITH BLADDER HYDRODISTENSION AND CYSTOGRAM</b>	<b>CYSTOSCOPY HYDRODISTENTION/CYSTOGRAM</b>	52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	Urology
		52265 Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia	
		74430 Cystography, minimum of 3 views, radiological supervision and interpretation	
<b>CYSTOSCOPY, WITH BLADDER NECK CONTRACTURE RELEASE</b>	<b>CYSTOSCOPY DILATATION/RELEASE CONTRACTURE BLADDER NECK</b>	52500 Transurethral resection of bladder neck (separate procedure)	Urology
		52640 Transurethral resection; of postoperative bladder neck contracture	
<b>CYSTOSCOPY, WITH BLADDER NEOPLASM BIOPSY AND FULGURATION, WITH GEMCITABINE INSTILLATION</b>	<b>CYSTOSCOPY FULGERATE/BIOPSY BLADDER TUMOR MITOMYCIN INSTILL</b>	52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	Urology
<b>CYSTOSCOPY, WITH BOTULINUM TOXIN INJECTION</b>	<b>CYSTOSCOPY WITH BOTOX INJECTION</b>	52287 Cystourethroscopy, with injection(s) for chemodenervation of the bladder	Gynecology, Urology
<b>CYSTOSCOPY, WITH EXCISION AND FULGURATION OF BLADDER NEOPLASM</b>	<b>CYSTOSCOPY BLADDER RESECTION/FULGERATION BLADDER TUMOR</b>	52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Urology
		52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	

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<b>CYSTOSCOPY, WITH EXCISION AND FULGURATION OF BLADDER NEOPLASM</b>	<b>CYSTOSCOPY BLADDER RESECTION/FULGERATION BLADDER TUMOR</b>	52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	Urology
		52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	
<b>CYSTOSCOPY, WITH INTERNAL URETHROTOMY, USING HIGH POWER HOLMIUM LASER</b>	<b>CYSTOSCOPY W INTERNAL URETHROTOMYW HI-LO POWER HOLMIUM LASER</b>	52270 Cystourethroscopy, with internal urethrotomy; female	Urology
		52275 Cystourethroscopy, with internal urethrotomy; male	
		52276 Cystourethroscopy with direct vision internal urethrotomy	
<b>CYSTOSCOPY, WITH INTERNAL URETHROTOMY, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY W INTERNAL URETHROTOMY W LO POWER HOLMIUM LASER</b>	52270 Cystourethroscopy, with internal urethrotomy; female	Urology
		52275 Cystourethroscopy, with internal urethrotomy; male	
		52276 Cystourethroscopy with direct vision internal urethrotomy	
<b>CYSTOSCOPY, WITH INTERNAL URETHROTOMY</b>	<b>CYSTOSCOPY INTERNAL URETHROTOMY</b>	52270 Cystourethroscopy, with internal urethrotomy; female	Urology
		52275 Cystourethroscopy, with internal urethrotomy; male	
		52276 Cystourethroscopy with direct vision internal urethrotomy	
<b>CYSTOSCOPY, WITH LITHOLAPAXY USING LITHOCLAST LITHOTRIPTER</b>	<b>CYSTOSCOPY LITHOPAXY W LITHOCLAST</b>	52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	Urology
		52318 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	
<b>CYSTOSCOPY, WITH LITHOLAPAXY, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY LITHOPAXY W HI-LO POWER HOLMIUM LASER</b>	52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	Urology
		52318 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	
<b>CYSTOSCOPY, WITH LITHOLAPAXY, USING LOW POWER HOLMIUM LASER</b>	<b>CYSTOSCOPY LITHOPAXY W LO POWER HOLMIUM LASER</b>	52317 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	Urology
		52318 Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)	
<b>CYSTOSCOPY, WITH MACROPLASTIQUE INJECTION, FOR VESICoureTERAL REFLUX</b>		52327 Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	Urology
<b>CYSTOSCOPY, WITH PERIURETHRAL BULKING AGENT INJECTION</b>	<b>CYSTOSCOPY INJECT BLADDER NECK/PERIURETHRA W BULKING AGENT</b>	51715 Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Urology
<b>CYSTOSCOPY, WITH PERIURETHRAL MACROPLASTIQUE INJECTION</b>		51715 Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	Urology
		52327 Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	
<b>CYSTOSCOPY, WITH RETROGRADE PYELOGRAM AND URETERAL STENT INSERTION</b>		52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Urology
		74420 Urography, retrograde, with or without KUB	
<b>CYSTOSCOPY, WITH RETROGRADE PYELOGRAM</b>	<b>CYSTOSCOPY RETROGRADE PYELOGRAM</b>	52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Urology

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<b>CYSTOSCOPY, WITH RETROGRADE PYELOGRAM</b>	<b>CYSTOSCOPY RETROGRADE PYELOGRAM</b>	74420 Urography, retrograde, with or without KUB	Urology
<b>CYSTOSCOPY, WITH TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT), USING BUTTON ELECTRODE OR RESECTOSCOPE</b>	<b>CYSTOSCOPY TRANSURETHRAL RESECTION BLADDER TUMOR</b>	52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Urology
		52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	
		52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	
		52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	
<b>CYSTOSCOPY, WITH TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT), USING BUTTON ELECTRODE</b>	<b>CYSTOSCOPY TRANSURETHRAL RESECT BLADDER TUMOR W BUTTON GEN</b>	52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	Urology
		52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	
		52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	
		52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	
<b>CYSTOSCOPY, WITH TRANSURETHRAL RESECTION BLADDER TUMOR (TURBT), WITH GEMCITABINE INSTILLATION</b>	<b>CYSTOSCOPY TRANSURETHRAL RESECTION BLADDER TUMOR W MITOMYCIN</b>	51720 Bladder instillation of anticarcinogenic agent (including retention time)	Urology
		52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	
		52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)	
		52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	
		52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)	
<b>CYSTOSCOPY, WITH TRANSURETHRAL RESECTION PROSTATECTOMY (TURP) USING BUTTON ELECTRODE</b>	<b>PROSTATECTOMY TRANSURETHRAL RESECT WITH BUTTON GENERATOR WITH CYSTO</b>	52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	Urology
<b>CYSTOSCOPY, WITH ULTRASONIC LITHOTRIPSY</b>	<b>CYSTOSCOPY LITHOTRIPSY ULTRASONIC</b>	52325 Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)	Urology
		52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	
<b>CYSTOSCOPY, WITH URETERAL CATHETER INSERTION, BILATERAL, INTRAOPERATIVE</b>	<b>CYSTOSCOPY INTRAOPERATIVE INSERT URETERAL CATHETER BILATERAL</b>	52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Urology

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New Name	Old Name	CPT Code	Service
<b>CYSTOSCOPY, WITH URETERAL CATHETER INSERTION</b>	<b>CYSTOSCOPY INSERTION URETERAL CATHETER</b>	52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;	Gynecology, Urology
<b>CYSTOSCOPY, WITH URETERAL STENT INSERTION</b>	<b>CYSTOSCOPY WITH STENT PLACEMENT</b>	52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Urology
<b>CYSTOSCOPY, WITH URETERAL STENT REPLACEMENT</b>	<b>CYSTOSCOPY WITH URETERAL STENT CHANGE</b>	52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	Urology
<b>CYSTOSCOPY, WITH VOIDING CYSTOURETHROGRAM</b>	<b>CYSTOSCOPY VOIDING CYSTOURETHROGRAM</b>	51600 Injection procedure for cystography or voiding urethrocytography 52000 Cystourethroscopy (separate procedure) 74455 Urethrocytography, voiding, radiological supervision and interpretation	Urology
<b>CYSTOSCOPY</b>	<b>CYSTOSCOPY GU</b>	52000 Cystourethroscopy (separate procedure)	Urology
<b>CYSTOSCOPY</b>	<b>CYSTOSCOPY GYN</b>	52000 Cystourethroscopy (separate procedure)	Gynecology
<b>CYSTOURETEROSCOPY, WITH ENDOPYELOTOMY AND STENT INSERTION, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY STENT ENDOPYELOTOMY HI HOLMIUM</b>	50575 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, inci 52342 Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) 52345 Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Urology
<b>CYSTOURETEROSCOPY, WITH LITHOTRIPSY, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY LITHOTRIPSYWITH HI-LO POWER HOLMIUM</b>	52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Urology
<b>CYSTOURETEROSCOPY, WITH LITHOTRIPSY, USING LOW-POWER HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY LITHOTRIPSY WITH LO POWER HOLMIUM</b>	52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)	Urology
<b>CYSTOURETEROSCOPY, WITH RETROGRADE PYELOGRAM AND STENT INSERTION, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY RETROGRADE STENT HI-LO HOLMIUM</b>	52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) 52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic 74420 Urography, retrograde, with or without KUB	Urology
<b>CYSTOURETEROSCOPY, WITH RETROGRADE PYELOGRAM AND STENT INSERTION, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY RETROGRADE STENT LO HOLMIUM</b>	52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) 52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Urology

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New Name	Old Name	CPT Code	Service
<b>CYSTOURETEROSCOPY, WITH RETROGRADE PYELOGRAM AND STENT INSERTION, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY RETROGRADE STENT LO HOLMIUM</b>	74420 Urography, retrograde, with or without KUB	Urology
<b>CYSTOURETEROSCOPY, WITH RETROGRADE PYELOGRAM AND STENT INSERTION, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY STENT HI-LO POWER HOLMIUM LASER</b>	52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) 52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic 74420 Urography, retrograde, with or without KUB	Urology
<b>CYSTOURETEROSCOPY, WITH RETROGRADE PYELOGRAM AND STENT INSERTION</b>	<b>CYSTOSCOPY URETEROSCOPY RETROGRADE WITH STENT</b>	52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) 52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic 74420 Urography, retrograde, with or without KUB	Urology
<b>CYSTOURETEROSCOPY, WITH STENT INSERTION, USING HOLMIUM LASER</b>	<b>CYSTOSCOPY URETEROSCOPY STENT LO POWER HOLMIUM LASER</b>	50575 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, inci 52342 Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) 52345 Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)	Urology
<b>CYSTOURETEROSCOPY, WITH STENT INSERTION</b>	<b>CYSTOSCOPY URETEROSCOPY INSERTION STENT</b>	52282 Cystourethroscopy, with insertion of permanent urethral stent 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, gibbons or double-j type)	Urology
<b>CYSTOURETEROSCOPY, WITH STENT REMOVAL</b>	<b>CYSTOSCOPY URETEROSCOPY WITH STENT REMOVAL</b>	52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple 52315 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	Urology
<b>CYSTOURETEROSCOPY</b>	<b>CYSTOSCOPY URETEROSCOPY</b>	52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Urology
<b>DACRYOCYSTORHINOSTOMY</b>	<b>DACRYOCYSTORHINOSTOMY</b>	31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy 68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	Maxillofacial
<b>DACRYOPLASTY</b>	<b>DACRYOPLASTY</b>	68700 Plastic repair of canaliculi 68705 Correction of everted punctum, cautery 68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)	Maxillofacial

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New Name	Old Name	CPT Code	Service	
<b>DACRYOPLASTY</b>	<b>DACRYOPLASTY</b>	68745	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube	Maxillofacial
		68750	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent	
		68760	Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	
		68761	Closure of the lacrimal punctum; by plug, each	
		68770	Closure of lacrimal fistula (separate procedure)	
<b>DEBRIDEMENT AND REPAIR, MUSCLE, UPPER EXTREMITY</b>	<b>DEBRIDEMENT AND REPAIR OF MUSCLE UPPER EXTREMITY</b>	11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Orthopedics
		24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	
		25260	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	
		25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	
		25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	
		25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	
<b>DEBRIDEMENT, WOUND (LOCAL OR CASE)</b>	<b>ODU DEBRIDEMENT WOUND</b>	11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	General, Neurosurgery, Orthopedics, Plastics, Podiatry, Vascular
		11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
		97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
<b>DEBRIDEMENT, WOUND, ABDOMEN</b>	<b>DEBRIDEMENT ABDOMINAL WOUND</b>	11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Colorectal, General
		11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	



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New Name	Old Name	CPT Code	Service
<b>DEBRIDEMENT, WOUND, FOOT, WITH LIVING BI-LAYER CELLULAR SKIN SUBSTITUTE APPLICATION</b>	<b>DEBRIDE WOUND W GRAFT APLIGRAFT APPLICATION TOE/FOOT</b>	15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Podiatry
		15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of	
<b>DEBRIDEMENT, WOUND, FOOT, WITH SKIN GRAFT APPLICATION</b>	<b>DEBRIDEMENT WOUND W FLAP SKIN TOE/FOOT</b>	15004 Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	Podiatry
		15115 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	
		15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
		15135 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	
		15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	
		15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	
		15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of	
<b>DEBRIDEMENT, WOUND, PERIANAL</b>	<b>DEBRIDEMENT PERIANAL WOUND</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Colorectal, General
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
<b>DEBRIDEMENT, WOUND, STERNUM</b>	<b>DEBRIDMENT/EXPLORATION STERNAL WOUND</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Cardiac/Open Heart

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>DEBRIDEMENT, WOUND, STERNUM</b>	<b>DEBRIDMENT/EXPLORATION STERNAL WOUND</b>	11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Cardiac/Open Heart
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
		97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
<b>DEBRIDEMENT, WOUND</b>	<b>DEBRIDEMENT WOUND</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Cardiac/Open Heart, Colorectal, General, Gynecology, Neurosurgery, Orthopedics, Pacemakers, Plastics, Podiatry, Thoracic, Urology, Vascular
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
		97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
<b>DECOMPRESSION, COLON</b>	<b>COLON DECOMPRESSION</b>	44408 Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	Colorectal, Gastroenterology
		45321 Proctosigmoidoscopy, rigid; with decompression of volvulus	
		45337 Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	
		45393 Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed	
<b>DECOMPRESSION, NERVE, ULNAR OR MEDIAN</b>	<b>DECOMPRESSION ULNA/MEDIAN NERVE ELBOW</b>	64718 Neuroplasty and/or transposition; ulnar nerve at elbow	Orthopedics
		64719 Neuroplasty and/or transposition; ulnar nerve at wrist	
		64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	
<b>DECOMPRESSION, NERVE, ULNAR, WITH SUBMUSCULAR TRANSPOSITION</b>	<b>DECOMPRESSION &amp; TRANSPOSITION ULNA NERVE</b>	64718 Neuroplasty and/or transposition; ulnar nerve at elbow	Orthopedics
		64719 Neuroplasty and/or transposition; ulnar nerve at wrist	
<b>DECOMPRESSION, NEUROMA, FOOT, BILATERAL, ENDOSCOPIC</b>	<b>ENDOSCOPIC DECOMPRESSION NEUROMA FOOT BILATERAL</b>	64999 Unlisted procedure, nervous system	Podiatry
<b>DECOMPRESSION, NEUROMA, FOOT, ENDOSCOPIC</b>	<b>ENDOSCOPIC DECOMPRESSION NEUROMA FOOT UNILATERAL</b>	64999 Unlisted procedure, nervous system	Podiatry
<b>DECOMPRESSION, ORBIT</b>	<b>DECOMPRESSION ORBIT</b>	61330 Decompression of orbit only, transcranial approach	Maxillofacial

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New Name	Old Name	CPT Code	Service
<b>DECOMPRESSION, ORBIT</b>	<b>DECOMPRESSION ORBIT</b>	67414 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	Maxillofacial
		67445 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	
<b>DECOMPRESSION, SHOULDER, SUBACROMIAL, OPEN, WITH DISTAL CLAVICLE EXCISION</b>	<b>ACROMIOPLASTY DISTAL CLAVICLE/SHOULDER DECOMPRESSION</b>	23120 Claviclectomy; partial	Orthopedics
		23130 Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release	
		23415 Coracoacromial ligament release, with or without acromioplasty	
<b>DECOMPRESSION, SUBACROMIAL SPACE, WITH ROTATOR CUFF REPAIR</b>	<b>REPAIR ROTATOR CUFF W DECOMPRESSION SHOULDER</b>	23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Orthopedics
		23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	
		23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	
		29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)	
		29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	
<b>DECORTICATION, LUNG, THORACOSCOPIC</b>	<b>THORACOSCOPY W PULMONARY DECORTICATION</b>	*32651 Thoracoscopy, surgical; with partial pulmonary decortication	Cardiac/Open Heart, Thoracic
		*32652 Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	
<b>DEFIBRILLATION, INTRAOPERATIVE</b>		92960 Cardioversion, elective, electrical conversion of arrhythmia; external	Cardiac, Cardiovascular
		92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	
<b>DELIVERY, COMPLEX, VAGINAL, ABNORMAL HEAD PRESENTATION</b>	<b>COMPLEX VAGINAL DELIVERY OF ABNORMAL PRESENTATION WITH POSS C SECTION</b>	59409 Vaginal delivery only (with or without episiotomy and/or forceps);	Obstetrics
		59410 Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	
		59412 External cephalic version, with or without tocolysis	
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
<b>DELIVERY, COMPLEX, VAGINAL, MULTIPLE GESTATION</b>	<b>COMPLEX VAGINAL DELIVERY MULTIPLE GESTATION WITH POSS C SECTION</b>	59409 Vaginal delivery only (with or without episiotomy and/or forceps);	Obstetrics
		59410 Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	
		59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514 Cesarean delivery only;	
		59515 Cesarean delivery only; including postpartum care	
<b>DELIVERY, COMPLEX, VAGINAL, USING VACUUM</b>	<b>COMPLEX VAGINAL DELIVERY VACUUM WITH POSS C SECTION</b>	59409 Vaginal delivery only (with or without episiotomy and/or forceps);	Obstetrics

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<b>DELIVERY, COMPLEX, VAGINAL, USING VACUUM</b>	<b>COMPLEX VAGINAL DELIVERY VACUUM WITH POSS C SECTION</b>	59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	Obstetrics
		59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
		*59514	Cesarean delivery only;	
		59515	Cesarean delivery only; including postpartum care	
<b>DENERVATION, SPERMATIC CORD, UNILATERAL, ROBOT-ASSISTED, USING XI</b>		55899	Unlisted procedure, male genital system	Urology Robotics
<b>DENTAL MISCELLANEOUS PROCEDURE</b>				Dental Surgery
<b>DERMABRASION, FACE</b>	<b>DERMABRASION FACE</b>	15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Aesthetics
		15781	Dermabrasion; segmental, face	
		15783	Dermabrasion; superficial, any site (eg, tattoo removal)	
<b>DESTRUCTION, CONDYLOMA</b>	<b>ELECTRICAL DESTRUCTION CONDYLOMA</b>	46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	Colorectal, Urology
		46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	
		46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	
		46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	
		46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	
		46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
		54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical	
		54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation	
		54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery	
		54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	
		54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	
		54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
		<b>DILATION AND CURETTAGE</b>		
	58120		Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	

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<b>DILATION AND CURETTAGE</b>		58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
<b>DILATION AND CURETTAGE, FOLLOWING DELIVERY</b>	<b>D&amp;C AFTER DELIVERY</b>	59160 Curettage, postpartum	Obstetrics
<b>DILATION AND CURETTAGE, UTERUS, USING SUCTION, WITH RADIOFREQUENCY ABLATION OF ENTIRE ENDOMETRIUM</b>	<b>DILATATION+CURETTAGEWSUCTIONWENDOMETRIAL ABLATIONWNOVASURE</b>	58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) 58353 Endometrial ablation, thermal, without hysteroscopic guidance	Gynecology
<b>DILATION AND CURETTAGE, UTERUS, USING SUCTION</b>	<b>DILATATION AND CURETTAGE W SUCTION</b>	59812 Treatment of incomplete abortion, any trimester, completed surgically 59820 Treatment of missed abortion, completed surgically; first trimester 59821 Treatment of missed abortion, completed surgically; second trimester 59840 Induced abortion, by dilation and curettage 59841 Induced abortion, by dilation and evacuation 59870 Uterine evacuation and curettage for hydatidiform mole	Gynecology
<b>DILATION AND CURETTAGE, UTERUS, WITH LOOP ELECTROSURGICAL EXCISION PROCEDURE (LEEP) OF CERVIX</b>	<b>DILATATION+CURETTAGEWLOOP ELECTROSURGICAL EXCISE PROCEDURE</b>	57460 Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	Gynecology
<b>DILATION AND CURETTAGE, WITH ANORA</b>		57558 Dilation and curettage of cervical stump 58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) 58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
<b>DILATION, ANAL SPHINCTER</b>	<b>ANAL DILATATION W ANESTHESIA</b>	45905 Dilation of anal sphincter (separate procedure) under anesthesia other than local	Colorectal, Gastroenterology
<b>DILATION, ESOPHAGUS, ENDOSCOPIC, WITH C-ARM FLUOROSCOPIC GUIDANCE</b>	<b>ENDOSCOPY W DILATATION AND C ARM</b>	43212 Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) 43213 Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) 43214 Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) 43220 Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) 43226 Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	Gastroenterology
<b>DILATION, ESOPHAGUS, USING MALONEY BOUGIE, WITHOUT ENDOSCOPY</b>	<b>ESOPHAGEAL DILATATION W MALONEY (NO ENDOSCOPY)</b>	43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes	ENT, Gastroenterology, General
<b>DILATION, EUSTACHIAN TUBE</b>	<b>EUSTACHIAN TUBE DILATION</b>	69799 Unlisted procedure, middle ear	ENT
<b>DILATION, URETHRA</b>	<b>DILATATION URETHRA</b>	52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	Urology

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New Name	Old Name	CPT Code	Service	
<b>DILATION, URETHRA</b>	<b>DILATATION URETHRA</b>	52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration	Urology
		53600	Dilation of urethral stricture by passage of sound or urethral dilator, male; initial	
		53601	Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent	
		53605	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia	
		53620	Dilation of urethral stricture by passage of filiform and follower, male; initial	
		53621	Dilation of urethral stricture by passage of filiform and follower, male; subsequent	
		53660	Dilation of female urethra including suppository and/or instillation; initial	
		53661	Dilation of female urethra including suppository and/or instillation; subsequent	
		53665	Dilation of female urethra, general or conduction (spinal) anesthesia	
		<b>DILATION, VAGINA</b>		
<b>DILATION, WITH ENDOCERVICAL AND UTERINE CURETTAGE</b>	<b>DILATATION AND CURETTAGE / ENDOCERVICAL CURETTAGE</b>	58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	Gynecology
<b>DISARTICULATION, HIP</b>	<b>AMPUTATION HIP (HIP DISARTICULATION)</b>	27295	Disarticulation of hip	Orthopedics
<b>DISCECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL</b>	<b>LUMBAR/THORACIC DISCECTOMY LEVEL 1</b>	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), singl	Spine
		0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), singl	
		22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	
		22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	
		62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	

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New Name	Old Name	CPT Code	Service
<b>DISCECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL</b>	<b>LUMBAR/THORACIC DISCECTOMY LEVEL 1</b>	62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural inj	Spine
		63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63055 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic	
		63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	
		63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	
		63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)	
		*63077 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace	
		<b>DISCECTOMY, SPINE, THORACOLUMBAR, 2 OR MORE LEVELS</b>	
0275T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), singl			
22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical			

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New Name	Old Name	CPT Code	Service
<b>DISCECTOMY, SPINE, THORACOLUMBAR, 2 OR MORE LEVELS</b>	<b>LUMBAR/THORACIC DISCECTOMY LEVEL 2+</b>	<p>22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar</p> <p>62267 Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes</p> <p>62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural inj</p> <p>63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical</p> <p>63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar</p> <p>63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical</p> <p>63055 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic</p> <p>63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)</p> <p>63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace</p> <p>63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)</p> <p>*63077 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace</p>	Spine
<b>DISSECTION, NECK</b>	<b>DISSECTION NECK</b>	<p>*31365 Laryngectomy; total, with radical neck dissection</p> <p>*31368 Laryngectomy; subtotal supraglottic, with radical neck dissection</p> <p>*31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction</p> <p>*31395 Pharyngolaryngectomy, with radical neck dissection; with reconstruction</p> <p>38720 Cervical lymphadenectomy (complete)</p> <p>*38724 Cervical lymphadenectomy (modified radical neck dissection)</p>	ENT



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New Name	Old Name	CPT Code	Service	
<b>DISSECTION, NECK</b>	<b>DISSECTION NECK</b>	*42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	ENT
		*60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	
<b>ECHOCARDIOGRAM, INTRACARDIAC</b>		93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>ECHOCARDIOGRAM, TRANSESOPHAGEAL</b>	<b>ECHO TRANSESOPHAGEAL</b>	93312	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); including probe placement, image acquisition, interpretation and report	Cardiac, Cardiac/Open Heart, Cardiovascular
		93313	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); placement of transesophageal probe only	
		93314	Echocardiography, transesophageal, real-time with image documentation (2d) (with or without m-mode recording); image acquisition, interpretation and report only	
		93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	
		93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	
		93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	
		93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to t	
		93355	Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap	
<b>EDUCATION, PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE</b>	<b>PERCUTANEOUS ENDOGASTROSTOMY TUBE TEACHING</b>			Colorectal, Gastroenterology, General
<b>ELECTROCONVULSIVE THERAPY (ECT)</b>		90870	Electroconvulsive therapy (includes necessary monitoring)	Psychiatry
<b>ELECTROPHYSIOLOGY PROCEDURE</b>	<b>CASE REQUEST EP LAB</b>	93600	Bundle of His recording	Cardiac, Cardiovascular
		93602	Intra-atrial recording	
		93603	Right ventricular recording	
		93609	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)	
		93610	Intra-atrial pacing	
		93612	Intraventricular pacing	
		93613	Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)	

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New Name	Old Name	CPT Code	Service
<b>ELECTROPHYSIOLOGY PROCEDURE</b>	<b>CASE REQUEST EP LAB</b>	93615 Esophageal recording of atrial electrogram with or without ventricular electrogram(s);	Cardiac, Cardiovascular
		93618 Induction of arrhythmia by electrical pacing	
		93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction	
		93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle	
		93621 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately)	
		93622 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary)	
		93623 Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)	
		93624 Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia	
		93631 Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction	
		93640 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant	
		93641 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant	
		93642 Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or r	

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New Name	Old Name	CPT Code	Service	
<b>ELECTROPHYSIOLOGY PROCEDURE</b>	<b>CASE REQUEST EP LAB</b>	93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic pa	Cardiac, Cardiovascular
		93650	Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement	
		93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	
		93654	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n	
		93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (list separately in addition to code for primary	
		93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec	
		93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (list separately in addition to code for primary procedure)	
		93660	Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	
		93662	Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)	
<b>ELECTROPHYSIOLOGY STUDY WITH ANESTHESIA</b>			Cardiac, Cardiovascular	
<b>EMBOLECTOMY OR THROMBECTOMY, BLOOD VESSEL, LOWER EXTREMITY</b>	<b>THROMBECTOMY/EMBOLECTOMY LOWER EXTREMITY</b>	34201	Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision	Vascular
		34203	Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision	
		34421	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision	
		*34451	Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	

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New Name	Old Name	CPT Code	Service
<b>EMBOLECTOMY OR THROMBECTOMY, BLOOD VESSEL, LOWER EXTREMITY</b>	<b>THROMBECTOMY/EMBOLECTOMY LOWER EXTREMITY</b>	37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	Vascular
		37185 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s)	
		37186 Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolyt	
		37187 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	
		37188 Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	
<b>EMBOLECTOMY OR THROMBECTOMY, BLOOD VESSEL, UPPER EXTREMITY</b>	<b>THROMBECTOMY/EMBOLECTOMY UPPER EXTREMITY</b>	34101 Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	Vascular
<b>ENDARTERECTOMY, AXILLARY</b>	<b>AXILLARY ENDARTERECTOMY</b>	34101 Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision	Vascular
		35321 Thromboendarterectomy, including patch graft, if performed; axillary-brachial	
<b>ENDARTERECTOMY, BRACHIAL ARTERY</b>	<b>BRACHIAL ENDARTERECTOMY</b>	35321 Thromboendarterectomy, including patch graft, if performed; axillary-brachial	Vascular
<b>ENDARTERECTOMY, CAROTID, WITH DIGITAL FLOW VISUALIZATION</b>	<b>CAROTID ENDARTERECTOMY WITH DVF</b>	*35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Vascular
<b>ENDARTERECTOMY, CAROTID</b>	<b>CAROTID ENDARTERECTOMY</b>	*35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	Vascular
<b>ENDARTERECTOMY, FEMORAL</b>	<b>FEMORAL ENDARTERECTOMY</b>	*35302 Thromboendarterectomy, including patch graft, if performed; superficial femoral artery	Vascular
		*35371 Thromboendarterectomy, including patch graft, if performed; common femoral	
		35372 Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral	
<b>ENDARTERECTOMY, ILIAC</b>	<b>ILIAC ENDARTERECTOMY</b>	*35351 Thromboendarterectomy, including patch graft, if performed; iliac	Vascular
<b>ENDARTERECTOMY, POPLITEAL</b>	<b>POPLITEAL ENDARTERECTOMY</b>	*35303 Thromboendarterectomy, including patch graft, if performed; popliteal artery	Vascular
<b>ENDARTERECTOMY, RADIAL</b>	<b>RADIAL ENDARTERECTOMY</b>	35321 Thromboendarterectomy, including patch graft, if performed; axillary-brachial	Vascular

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<b>ENDARTERECTOMY, SUBCLAVIAN</b>	<b>SUBCLAVIAN ENDARTERECTOMY</b>	0237T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	Vascular
		*35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision	
		*35311 Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision	
<b>ENDARTERECTOMY, TIBIAL</b>	<b>TIBIAL ENDARTERECTOMY</b>	*35305 Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel	Vascular
<b>ENDOBONCHIAL ULTRASOUND (EBUS)</b>	<b>ENDOSCOPIC BRONCHIAL ULTRASOUND WITH ANESTHESIA</b>	31652 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stat	Pulmonary
		31653 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stati	
<b>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), INTRAOPERATIVE</b>	<b>ERCP DONE IN OR</b>	43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Gastroenterology
<b>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), LAPAROSCOPY-ASSISTED, TRANSGASTRIC APPROACH</b>	<b>BARIATRIC INTRAOPERATIVE LAPAROSCOPIC ASSISTED ERCP</b>	43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Bariatric
<b>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)</b>	<b>ENDO CHOLANGIOPANCREATOGRAM WITH ANESTHESIA</b>	43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Gastroenterology
		43261 Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple	
		43263 Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi	
		43264 Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	
		43265 Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)	
		43274 Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent	
		43275 Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)	

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<b>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)</b>	<b>ENDO CHOLANGIOPANCREATOGRAM WITH ANESTHESIA</b>	43276 Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchange	Gastroenterology
		43277 Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct	
		43278 Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed	
<b>ENDOSCOPY, GASTROINTESTINAL (GI) TRACT, WITH ARGON PLASMA COAGULATION</b>	<b>ENDOSCOPY WITH ARGON PLASMA COAGULATOR</b>	43227 Esophagoscopy, flexible, transoral; with control of bleeding, any method	Gastroenterology
		43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	
		44366 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
		44378 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
		45334 Sigmoidoscopy, flexible; with control of bleeding, any method	
45382 Colonoscopy, flexible; with control of bleeding, any method			
<b>ENDOSCOPY, GASTROINTESTINAL (GI) TRACT, WITH ONABOTULINUMTOXINA INJECTION</b>	<b>ENDOSCOPY W BOTOX INJECTION W ANESTHESIA</b>	43236 Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Gastroenterology
		45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance	
		45381 Colonoscopy, flexible; with directed submucosal injection(s), any substance	
<b>ENDOSCOPY, NOSE</b>	<b>ENDOSCOPY NASAL</b>	31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	ENT
		31233 Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	
		31235 Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	
<b>ENDOSCOPY, PARANASAL SINUS</b>	<b>SINOSCOPY</b>	31233 Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	ENT
		31235 Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	
<b>ENDOSCOPY, POUCH, INTESTINE</b>	<b>ENDOSCOPY OF BOWEL POUCH W ANESTHESIA</b>	44385 Endoscopic evaluation of small intestinal pouch (eg, kock pouch, ileal reservoir [s or j]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Colorectal, Gastroenterology

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New Name	Old Name	CPT Code	Service
<b>ENDOSCOPY, UPPER GASTROINTESTINAL (GI) TRACT</b>		43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Gastroenterology
<b>ENDOSCOPY, UPPER GASTROINTESTINAL (GI) TRACT, IN NON-ENDOSCOPY UNIT SETTING</b>	<b>ENDOSCOPY ROAD TRIP</b>	43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Gastroenterology
<b>ENDOSCOPY, UPPER GASTROINTESTINAL (GI) TRACT, USING ARGON PLASMA COAGULATION</b>		43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Gastroenterology
<b>ENDOSCOPY, UPPER GASTROINTESTINAL (GI) TRACT, USING ARGON PLASMA COAGULATION, WITH FLUOROSCOPIC GUIDANCE</b>		43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method 76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	Gastroenterology
<b>ENDOSCOPY, UPPER GASTROINTESTINAL (GI) TRACT, WITH STENT INSERTION, WITH FLUOROSCOPIC GUIDANCE</b>	<b>ENDOSCOPY ESOPHAGEAL WALL STENT WITH ANESTHESIA</b>	43266 Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) 76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	Gastroenterology
<b>ENDOSCOPY, UPPER GI TRACT, USING YAG LASER</b>	<b>ENDOSCOPY W YAG LASER</b>	43270 Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	General
<b>ENDOSCOPY, WITH ARGON PLASMA COAGULATION</b>	<b>ENDOSCOPY WITH ARGON PLASMA COAGULATOR WITH ANESTHESIA</b>	44366 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) 44378 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	Gastroenterology
<b>ENDOSCOPY, WITH DILATION</b>	<b>ENDOSCOPY W DILATATION</b>	43245 Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Gastroenterology, General
<b>ENDOSCOPY, WITH ONABOTULINUMTOXINA INJECTION</b>	<b>ENDOSCOPY W BOTOX INJECTION</b>	31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; 43192 Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance 43201 Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance 43236 Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance 44404 Colonoscopy through stoma; with directed submucosal injection(s), any substance 45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance 45381 Colonoscopy, flexible; with directed submucosal injection(s), any substance 52287 Cystourethroscopy, with injection(s) for chemodenervation of the bladder	Gastroenterology

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New Name	Old Name	CPT Code	Service				
<b>ENTEROSCOPY</b>	<b>SMALL BOWEL ENTEROSCOPY W ANESTHESIA</b>	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Gastroenterology			
		44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple				
		44364	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique				
		44365	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery				
		44366	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)				
		44369	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique				
		44370	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)				
		44372	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube				
		44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube				
		44376	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)				
		44377	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple				
		44378	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)				
		44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)				
		<b>ENUCLEATION, EYE</b>	<b>ENUCLEATION EYE</b>		65101	Enucleation of eye; without implant	Maxillofacial
					65103	Enucleation of eye; with implant, muscles not attached to implant	



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New Name	Old Name	CPT Code	Service
<b>ENUCLEATION, EYE</b>	<b>ENUCLEATION EYE</b>	65105 Enucleation of eye; with implant, muscles attached to implant	Maxillofacial
<b>EPIDIDYMECTOMY, PARTIAL</b>	<b>EPIDIDYMECTOMY PARTIAL</b>	54860 Epididymectomy; unilateral	Urology
<b>EPIDIDYMECTOMY</b>	<b>EPIDIDYMECTOMY</b>	54860 Epididymectomy; unilateral 54861 Epididymectomy; bilateral	Urology
<b>ESOPHAGOGASTRECTOMY, ABDOMINAL PORTION (ESOPHAGEAL RESECTION)</b>		*43117 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) *43118 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) *43121 Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty *43122 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty *43123 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)	General
<b>ESOPHAGOGASTRECTOMY, THORACIC APPROACH</b>	<b>THORACOTOMY PORTION ESOPHAGOGASTRECTOMY</b>	*43122 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty	Thoracic
<b>ESOPHAGOGASTRODUODENOSCOPY (EGD)</b>		43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Gastroenterology, General
<b>ESOPHAGOGASTRODUODENOSCOPY (EGD), WITH ESOPHAGEAL STENT INSERTION</b>	<b>ENDOSCOPY WITH ESOPHAGEAL WALL STENT</b>	43266 Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Gastroenterology
<b>ESOPHAGOGASTRODUODENOSCOPY (EGD), WITH GASTRIC ANTRAL VASCULAR ECTASIA (GAVE) RADIOFREQUENCY ABLATION (RFA)</b>	<b>EGD W RFA OF VASCULAR LESIONS (GAVE) W ANESTHESIA</b>	43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Gastroenterology
<b>ESOPHAGOGASTRODUODENOSCOPY (EGD), WITH PH MONITORING CAPSULE INSERTION</b>	<b>EGD DIAGNOSTIC W CAPSULE PLACEMENT FOR REFLUX TESTING</b>	43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) 91035 Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	Gastroenterology
<b>ESOPHAGOGASTRODUODENOSCOPY (EGD), WITH RADIOFREQUENCY ABLATION (RFA) OF BARRETT'S ESOPHAGUS</b>	<b>ESOPHAGOGASTRODUODENOSCOPY W RFA OF BARRETT'S ESOPHAGUS W ANESTHESIA</b>	43270 Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Gastroenterology
<b>ESOPHAGOMYOTOMY, ROBOT-ASSISTED, LAPAROSCOPIC, HELLER, USING XI</b>	<b>MYOTOMY HELLER'S LAPAROSCOPY W XI ROBOTICS</b>	*43279 Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	Cardiac/Thoracic Robotics, General Robotics
<b>ESOPHAGOSCOPY, WITH DILATION</b>	<b>ESOPHAGOSCOPY WITH DILATATION</b>	43195 Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)	Gastroenterology, General, Thoracic

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New Name	Old Name	CPT Code	Service	
<b>ESOPHAGOSCOPY, WITH DILATION</b>	<b>ESOPHAGOSCOPY WITH DILATATION</b>	43196	Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire	Gastroenterology, General, Thoracic
		43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	
		43213	Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)	
		43214	Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	
		43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	
		43226	Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire	
		43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	
		43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	
		43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	
<b>ESOPHAGOSCOPY, WITH RADIOFREQUENCY ABLATION (RFA) OF BARRETT'S ESOPHAGUS</b>	<b>ESOPHAGOSCOPY W RFA OF BARRETT'S ESOPHAGUS W ANESTHESIA</b>	43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Gastroenterology
<b>ESOPHAGOSCOPY, WITH STENT INSERTION</b>	<b>ESOPHAGOSCOPY WITH STENT INSERTION</b>	43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	General, Thoracic
<b>ESOPHAGOSCOPY</b>	<b>ESOPHAGOSCOPY</b>	43191	Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	ENT, Gastroenterology, General, Thoracic
		43197	Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
		43200	Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
<b>EUSTACHIAN TUBOPLASTY</b>	<b>EUSTACHIAN TUBOPLASTY</b>	69420	Myringotomy including aspiration and/or eustachian tube inflation	ENT
		69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	
<b>EVACUATION, HEMATOMA, AFTER ANTERIOR CERVICAL SPINE SURGERY</b>	<b>EVACUATION OF HEMATOMA STATUS POST ANTERIOR CERVICAL SURGERY</b>	10140	Incision and drainage of hematoma, seroma or fluid collection	Spine
		10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	
		21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	

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<b>EVACUATION, HEMATOMA, AFTER ANTERIOR CERVICAL SPINE SURGERY</b>	<b>EVACUATION OF HEMATOMA STATUS POST ANTERIOR CERVICAL SURGERY</b>	22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic Spine
<b>EVACUATION, HEMATOMA, AFTER LUMBAR SPINE SURGICAL PROCEDURE</b>	<b>EVACUATION OF HEMATOMA STATUS POST LUMBAR SURGERY</b>	10140 10160 22015	Incision and drainage of hematoma, seroma or fluid collection Puncture aspiration of abscess, hematoma, bulla, or cyst Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral Spine
<b>EVACUATION, HEMATOMA, AFTER POSTERIOR CERVICAL SPINE SURGERY</b>	<b>EVACUATION OF HEMATOMA STATUS POST POSTERIOR CERVICAL SURGERY</b>	10140 22010	Incision and drainage of hematoma, seroma or fluid collection Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic Spine
<b>EVACUATION, HEMATOMA, FOOT</b>	<b>EVACUATION OF HEMATOMA FOOT/TOE</b>	10140	Incision and drainage of hematoma, seroma or fluid collection Orthopedics, Plastics, Podiatry
<b>EVACUATION, HEMATOMA, HIP</b>	<b>EVACUATION OF HEMATOMA STATUS POST TOTAL HIP SURGERY</b>	10140 26990	Incision and drainage of hematoma, seroma or fluid collection Incision and drainage, pelvis or hip joint area; deep abscess or hematoma Orthopedics
<b>EVACUATION, HEMATOMA, LOWER EXTREMITY</b>	<b>EVACUATION OF HEMATOMA LOWER EXTREMITY</b>	10140 27301 27603	Incision and drainage of hematoma, seroma or fluid collection Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region Incision and drainage, leg or ankle; deep abscess or hematoma Neurosurgery, Orthopedics, Plastics
<b>EVACUATION, HEMATOMA, SHOULDER</b>	<b>EVACUATION OF HEMATOMA STATUS POST TOTAL SHOULDER SURGERY</b>	10140 23030	Incision and drainage of hematoma, seroma or fluid collection Incision and drainage, shoulder area; deep abscess or hematoma Orthopedics
<b>EVACUATION, HEMATOMA, UPPER EXTREMITY</b>	<b>EVACUATION OF HEMATOMA UPPER EXTREMITY</b>	10140 23030 23930 25028	Incision and drainage of hematoma, seroma or fluid collection Incision and drainage, shoulder area; deep abscess or hematoma Incision and drainage, upper arm or elbow area; deep abscess or hematoma Incision and drainage, forearm and/or wrist; deep abscess or hematoma Neurosurgery, Orthopedics, Plastics
<b>EVACUATION, HEMATOMA</b>	<b>EVACUATION OF HEMATOMA</b>	10140 10160	Incision and drainage of hematoma, seroma or fluid collection Puncture aspiration of abscess, hematoma, bulla, or cyst Bariatric, Cardiac/Open Heart, General, General Robotics, Gynecology, Gynecology Robotics, Neurosurgery, Plastics, Spine, Thoracic, Urology, Urology Robotics, Vascular
<b>EVISCERATION, OCULAR CONTENTS, WITH SCLERAL IMPLANT INSERTION</b>	<b>EVISCERATION EYE W IMPLANT</b>	65093	Evisceration of ocular contents; with implant Maxillofacial
<b>EVISCERATION, OCULAR CONTENTS</b>	<b>EVISCERATION EYE</b>	65091 65093	Evisceration of ocular contents; without implant Evisceration of ocular contents; with implant Maxillofacial
<b>EXAM UNDER ANESTHESIA, ANORECTAL</b>	<b>EXAMINATION UNDER ANESTHESIA ANAL / RECTAL</b>	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic Colorectal, General
<b>EXAM UNDER ANESTHESIA, PELVIS</b>		57410	Pelvic examination under anesthesia (other than local) Gynecology
<b>EXAM UNDER ANESTHESIA, RECTUM, WITH FISTULOTOMY, HEMORRHOIDECTOMY, AND/OR ANAL SPHINCTEROTOMY IF INDICATED</b>	<b>EUA RECTAL FISTULOTOMY SPHINCTEROTOMY HEMORRHOIDECTOMY</b>	45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic Colorectal

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<b>EXAM UNDER ANESTHESIA, RECTUM, WITH FISTULOTOMY, HEMORRHOIDECTOMY, AND/OR ANAL SPHINCTEROTOMY IF INDICATED</b>	<b>EUA RECTAL FISTULOTOMY SPHINCTEROTOMY HEMORRHOIDECTOMY</b>	46200	Fissurectomy, including sphincterotomy, when performed	Colorectal
		46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	
<b>EXAM UNDER ANESTHESIA, VAGINA, WITH PACKING OR BALLOON TAMPONADE INSERTION IF INDICATED, AFTER VAGINAL DELIVERY, FOR POSTPARTUM HEMORRHAGE</b>	<b>EUA POST VAGINAL DELIVERY VAGINAL BLEEDING POSS INSERTION VAG PACKING/BALLOON</b>	57410	Pelvic examination under anesthesia (other than local)	Obstetrics
		59899	Unlisted procedure, maternity care and delivery	
<b>EXCISION OR OSTEOTOMY, METATARSAL BONE, LESSER, WITH DISTAL PIN INSERTION</b>	<b>OSTEOTOMY/OSTECTOMY LESSER METATARSAL INSERT DISTAL PIN</b>	28140	Metatarsectomy	Podiatry
		28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	
<b>EXCISION OR RELEASE, NEUROMA OR FIBROMA, FOOT</b>	<b>EXCISION/RELEASE OF NEUROMA/FIBROMA FOOT</b>	28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Podiatry
		28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	
		28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	
		28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	
		28080	Excision, interdigital (Morton) neuroma, single, each	
		64776	Excision of neuroma; digital nerve, 1 or both, same digit	
		64782	Excision of neuroma; hand or foot, except digital nerve	
<b>EXCISION OR REPAIR, NAIL OR NAIL MATRIX, FINGER</b>	<b>EXCISION/REPAIR NAIL/NAIL MATRIX FINGER</b>	11730	Avulsion of nail plate, partial or complete, simple; single	Orthopedics
		11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	
		11760	Repair of nail bed	
<b>EXCISION OR REVISION, URETHRAL SLING, WITH CYSTOSCOPY</b>	<b>REVISION/REMOVAL SUBURETHRAL SLING W CYSTOSCOPY</b>	52000	Cystourethroscopy (separate procedure)	Gynecology
		53442	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)	
		57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	
<b>EXCISION, ACCESSORY NAVICULAR BONE OF FOOT</b>	<b>KIDNER PROCEDURE FOOT</b>	28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus	Podiatry
<b>EXCISION, ACCESSORY NIPPLE</b>		19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	General
<b>EXCISION, BONE FRAGMENT OR BONE LESION, LOWER EXTREMITY</b>	<b>EXCISION LESION/FRAGMENT BONE LOWER EXTREMITY</b>	28110	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)	Orthopedics, Podiatry
		28111	Ostectomy, complete excision; first metatarsal head	
		28112	Ostectomy, complete excision; other metatarsal head (second, third or fourth)	
		28113	Ostectomy, complete excision; fifth metatarsal head	
		28114	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)	

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<b>EXCISION, BONE FRAGMENT OR BONE LESION, LOWER EXTREMITY</b>	<b>EXCISION LESION/FRAGMENT BONE LOWER EXTREMITY</b>	28116	Ostectomy, excision of tarsal coalition	Orthopedics, Podiatry			
		28118	Ostectomy, calcaneus;				
		28120	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus				
		28122	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus				
		28124	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe				
		28126	Resection, partial or complete, phalangeal base, each toe				
		28130	Talectomy (astragalectomy)				
		28140	Metatarsectomy				
		28150	Phalangectomy, toe, each toe				
		28153	Resection, condyle(s), distal end of phalanx, each toe				
		28160	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each				
		28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head				
		<b>EXCISION, BONE FRAGMENT OR BONE LESION, UPPER EXTREMITY</b>	<b>EXCISION LESION/FRAGMENT BONE UPPER EXTREMITY</b>		20520	Removal of foreign body in muscle or tendon sheath; simple	Orthopedics
					20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body						
23330	Removal of foreign body, shoulder; subcutaneous						
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)						
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body						
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body						
24200	Removal of foreign body, upper arm or elbow area; subcutaneous						
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)						
25101	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body						
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint						
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each						
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each						
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue						
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)						

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<b>EXCISION, BONE FRAGMENT OR BONE LESION, UPPER EXTREMITY</b>	<b>EXCISION LESION/FRAGMENT BONE UPPER EXTREMITY</b>	27331 Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	Orthopedics
		27372 Removal of foreign body, deep, thigh region or knee area	
		27620 Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body	
		28190 Removal of foreign body, foot; subcutaneous	
		28192 Removal of foreign body, foot; deep	
		28193 Removal of foreign body, foot; complicated	
		29861 Arthroscopy, hip, surgical; with removal of loose body or foreign body	
<b>EXCISION, BONE SPUR, CALCANEUS</b>	<b>RESECTION HEEL SPUR</b>	28119 Ostectomy, calcaneus; for spur, with or without plantar fascial release	Podiatry
<b>EXCISION, BONE SPUR, FOOT</b>	<b>RESECTION BONE SPUR FOOT</b>	28100 Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	Podiatry
		28102 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	
		28103 Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	
		28104 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	
		28106 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	
		28107 Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	
		28108 Excision or curettage of bone cyst or benign tumor, phalanges of foot	
		28119 Ostectomy, calcaneus; for spur, with or without plantar fascial release	
<b>EXCISION, BRANCHIAL CLEFT CYST</b>		42810 Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	ENT, Plastics
		42815 Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	
<b>EXCISION, BREAST DUCT</b>	<b>MICRODOCHECTOMY (BREAST)</b>	19112 Excision of lactiferous duct fistula	General
<b>EXCISION, CALCULUS, SALIVARY GLAND</b>		42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral	ENT
		42335 Sialolithotomy; submandibular (submaxillary), complicated, intraoral	
		42340 Sialolithotomy; parotid, extraoral or complicated intraoral	
<b>EXCISION, CLAVICLE</b>	<b>RESECTION CLAVICLE</b>	23120 Claviculectomy; partial	Orthopedics
		23125 Claviculectomy; total	
		29824 Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	
<b>EXCISION, CYST, FOOT</b>		28090 Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot	Podiatry

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<b>EXCISION, CYST, FOOT</b>		28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each	Podiatry
		28100	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;	
		28102	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)	
		28103	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft	
		28104	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;	
		28106	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)	
		28107	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft	
		28108	Excision or curettage of bone cyst or benign tumor, phalanges of foot	
<b>EXCISION, CYST, OVARY, LAPAROSCOPIC</b>	<b>CYSTECTOMY OVARIAN (OPERATIVE) LAPAROSCOPY</b>	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	Gynecology
<b>EXCISION, CYST, OVARY, OPEN</b>	<b>CYSTECTOMY OVARIAN OPEN</b>	58925	Ovarian cystectomy, unilateral or bilateral	Gynecology
<b>EXCISION, DISTAL CLAVICLE/DECOMPRESSION, SHOULDER</b>		23020	Capsular contracture release (eg, Sever type procedure)	Orthopedics
		23120	Claviclectomy; partial	
<b>EXCISION, ECTOPIC PREGNANCY, LAPAROSCOPIC</b>	<b>REMOVAL ECTOPIC PREGNANCY LAPAROSCOPIC</b>	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	Gynecology
		59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	
<b>EXCISION, EXCESS SKIN, SUBCUTANEOUS TISSUE, AND FAT, BUTTOCK, BILATERAL</b>	<b>LIFT BUTTOCK BILATERAL</b>	15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Aesthetics
<b>EXCISION, EXCESS SKIN, SUBCUTANEOUS TISSUE, AND FAT, LOWER BODY, WITH LIPOSUCTION</b>	<b>LIFT LOWER BODY W LIPOSUCTION</b>	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Aesthetics
		15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	
		15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	
		15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	
		15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	
		15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
		15877	Suction assisted lipectomy; trunk	
		15879	Suction assisted lipectomy; lower extremity	
<b>EXCISION, EXCESS SKIN, SUBCUTANEOUS TISSUE, AND FAT, LOWER BODY</b>	<b>LIFT LOWER BODY</b>	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Aesthetics
		15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	

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<b>EXCISION, EXCESS SKIN, SUBCUTANEOUS TISSUE, AND FAT, LOWER BODY</b>	<b>LIFT LOWER BODY</b>	15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Aesthetics
		15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	
		15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	
		15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
		15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	
<b>EXCISION, EXOSTOSIS, FOOT</b>	<b>EXOSTECTOMY FOOT</b>	28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	Podiatry
<b>EXCISION, FIBROMA, HAND OR WRIST</b>		25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Plastics
		25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	
		25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	
		25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	
		26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	
		26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	
		26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	
		26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	
<b>EXCISION, FINGERNAIL OR TOENAIL, WITH MATRIXECTOMY, OR AVULSION OR REPAIR OF NAIL</b>	<b>EXCISION/REPAIR NAIL/NAIL MATRIX FOOT</b>	11730	Avulsion of nail plate, partial or complete, simple; single	Orthopedics, Podiatry
		11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	
		11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	
		11760	Repair of nail bed	
<b>EXCISION, GANGLION CYST, WRIST</b>		25111	Excision of ganglion, wrist (dorsal or volar); primary	General, Orthopedics, Plastics
		25112	Excision of ganglion, wrist (dorsal or volar); recurrent	
<b>EXCISION, GANGLION CYST/LIPOMA/LESION/MASS, FINGER/HAND/WRIST (LOCAL OR CASE)</b>		11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	General, Orthopedics, Plastics
		11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	



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<b>EXCISION, GANGLION CYST/LIPOMA/LESION/MASS, FINGER/HAND/WRIST (LOCAL OR CASE)</b>		11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	General, Orthopedics, Plastics			
		11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm				
		11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm				
		11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm				
		11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less				
		11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm				
		11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm				
		11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm				
		11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm				
		11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm				
		26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger				
		<b>EXCISION, GANGLION CYST/LIPOMA/LESION/MASS, FINGER/HAND/WRIST</b>		<b>EXCISION(GANGLION CYST/LIPOMA/LESION/MASS) FINGER/HAND/WRIST</b>	11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	General, Orthopedics, Plastics
					11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm						
11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm						
11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm						
11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm						
11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less						
11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm						

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New Name	Old Name	CPT Code	Service	
<b>EXCISION, GANGLION CYST/LIPOMA/LESION/MASS, FINGER/HAND/WRIST</b>	<b>EXCISION(GANGLION CYST/LIPOMA/LESION/MASS) FINGER/HAND/WRIST</b>	11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	General, Orthopedics, Plastics
		11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	
<b>EXCISION, GANGLION CYST/LIPOMA/LESION/MASS, TOE/FOOT</b>	<b>EXCISION(GANGLION CYST/LIPOMA/LESION/MASS)TOE/FOOT</b>	11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	Podiatry
<b>EXCISION, HIDRADENITIS, AXILLA</b>		11450	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair	General
		11451	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair	
<b>EXCISION, HIDRADENITIS, INGUINAL REGION</b>		11462	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair	General
		11463	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair	
<b>EXCISION, LESION OR MASS, EAR</b>	<b>EXCISION LESION/MASS EAR</b>	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	ENT, General
		11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	
		11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	
		11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	
		11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	
		11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	
		11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	
		11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	
		11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	
		11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	

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New Name	Old Name	CPT Code	Service	
<b>EXCISION, LESION OR MASS, EAR</b>	<b>EXCISION LESION/MASS EAR</b>	11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	ENT, General
		11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	
		69145	Excision soft tissue lesion, external auditory canal	
		69540	Excision aural polyp	
<b>EXCISION, LESION, ANUS, USING CO2 LASER</b>	<b>EXCISION ANAL LESION W CO2 LASER</b>	46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	Plastics
<b>EXCISION, LESION, CANTHUS</b>	<b>EXCISION CANTHAL LESION</b>	67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	Plastics
		67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	
<b>EXCISION, LESION, EYELID, UPPER OR LOWER</b>	<b>EXCISION LESION EYELID UPPER OR LOWER</b>	11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	Maxillofacial
		11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	
		17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	
		17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	
		67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	
		67850	Destruction of lesion of lid margin (up to 1 cm)	
<b>EXCISION, LESION, FINGER</b>		11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	General, Orthopedics, Plastics
		11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	

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New Name	Old Name	CPT Code	Service
<b>EXCISION, LESION, FINGER</b>		11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	General, Orthopedics, Plastics
		11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
		11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		26160 Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	
<b>EXCISION, LESION, FOOT</b>		11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Podiatry
		11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
		11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	

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New Name	Old Name	CPT Code	Service		
<b>EXCISION, LESION, HAND OR WRIST</b>		11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	General, Orthopedics, Plastics		
	11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm				
	11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm				
	11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm				
	11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm				
	11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm				
	11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less				
	11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm				
	11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm				
	11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm				
	11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm				
	11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm				
	<b>EXCISION, LESION, LOWER EYELID</b>	11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less			Maxillofacial
		11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm			
		11442 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm			
11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm					
11444 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm					
11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm					

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New Name	Old Name	CPT Code	Service
<b>EXCISION, LESION, LOWER EYELID</b>		67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	Maxillofacial
<b>EXCISION, LESION, PERINEUM, RECTUM, OR BOTH</b>	<b>EXCISION RECTAL/PERIRECTAL/PERIANAL LESION</b>	0184T Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)	Colorectal, General
		11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
		11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
		11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		45160 Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach	
		45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	
		45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	
<b>EXCISION, LESION, RECTUM, ANAL APPROACH</b>	<b>EXCISION TRANSANAL</b>	45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	Colorectal, General
		45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	

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New Name	Old Name	CPT Code	Service
<b>EXCISION, LESION, RETROPERITONEUM, ROBOT-ASSISTED, USING XI</b>	<b>EXCISION RETROPERITONEAL MASS/CYST W XI ROBOTICS</b>	*49203 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	General Robotics
		*49204 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter	
<b>EXCISION, LESION, UPPER EYELID</b>		11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	Maxillofacial
		11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	
		11442 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	
		11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	
		11444 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	
		11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	
		67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	
<b>EXCISION, LESION, VULVA OR VAGINA</b>	<b>EXCISION (VULVAR/VAGINAL) (LESION/CYST)</b>	11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Gynecology
		11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	

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New Name	Old Name	CPT Code	Service	
<b>EXCISION, LESION, VULVA OR VAGINA</b>	<b>EXCISION (VULVAR/VAGINAL) (LESION/CYST)</b>	11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Gynecology
		11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
		56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
		57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
		57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
		<b>EXCISION, LIPOMA, FOOT</b>		
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm			
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm			
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm			
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm			
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm			
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater			
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater			
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm			
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm			
<b>EXCISION, MASS, FOOT</b>		11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Podiatry



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New Name	Old Name	CPT Code	Service		
<b>EXCISION, MASS, FOOT</b>		11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	Podiatry		
		11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm			
		11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm			
		11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm			
		11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm			
		11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less			
		11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm			
		11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm			
		11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm			
		11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm			
		11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm			
	<b>EXCISION, MASS, FOREARM</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE UPPER BODY</b>		11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, Cardiac/Thoracic Robotics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Spine, Thoracic, Vascular
				11401 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
11402 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm					
11403 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm					
11404 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm					
11406 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm					

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New Name	Old Name	CPT Code	Service	
<b>EXCISION, MASS, FOREARM</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE UPPER BODY</b>	11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	Aesthetics, Cardiac/Thoracic Robotics, Cardiovascular, Colorectal, ENT, General, Gynecology, Maxillofacial, Orthopedics, Plastics, Spine, Thoracic, Vascular
		11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	
		11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	
		11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	
		25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	
		25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	
		25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	
<b>EXCISION, MASS, FOREARM</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) UPPER BODY W CO2</b>	11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, Cardiac/Thoracic Robotics, Cardiovascular, Colorectal, ENT, General, Maxillofacial, Orthopedics, Plastics, Spine
		11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
		11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
		11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
		11600	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less	
		11601	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm	

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New Name	Old Name	CPT Code	Service	
<b>EXCISION, MASS, FOREARM</b>	<b>EXCISE/BIOPSY (MASS/LESION/LIPOMA/CYST) UPPER BODY W CO2</b>	11602	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm	Aesthetics, Cardiac/Thoracic Robotics, Cardiovascular, Colorectal, ENT, General, Maxillofacial, Orthopedics, Plastics, Spine
		11603	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm	
		11604	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm	
		11606	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm	
		25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	
		25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	
		25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	
		25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	
<b>EXCISION, MASS, MEDIASTINUM, ROBOT-ASSISTED, USING XI</b>	<b>RESECTION MEDIASTINAL MASS W XI ROBOTICS</b>	*32662	Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass	Cardiac/Thoracic Robotics
<b>EXCISION, MASS, PELVIS, ROBOT-ASSISTED, USING XI</b>	<b>EXCISION PELVIC MASS/LESION LAPAROSCOPY W XI ROBOTICS</b>	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	General Robotics
<b>EXCISION, MASS, SUBMANDIBULAR</b>	<b>RESECTION SUBMANDIBULAR MASS</b>	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	ENT
<b>EXCISION, MASS, TEMPEROMANDIBULAR JOINT (TMJ)</b>	<b>EXCISION MASS TEMPORAL MANDIBULAR JOINT</b>	21040	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage	Dental Surgery
		21046	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])	
		21047	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	
<b>EXCISION, MESH, ABDOMEN OR INGUINAL REGION, WITH WOUND EXPLORATION AND DEBRIDEMENT</b>	<b>REMOVAL MESH ABDOMEN/GROIN W WOUND DEBRIDEMENT &amp; EXPLORATION</b>	*11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	Colorectal, General
		*11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	
		*11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (list separately in addition to code for primary procedure)	
<b>EXCISION, MYXOMA, CARDIAC ATRIUM, MINIMALLY INVASIVE, RIGHT THORACOTOMY APPROACH, USING HEARTPORT TECHNIQUE, WITH INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>THORACOTOMY RIGHT W HEARTPORT W REMOVAL ATRIAL MYXOMA TRANSESOPHAGEAL ECHO</b>	*33120	Excision of intracardiac tumor, resection with cardiopulmonary bypass	Cardiac/Open Heart

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New Name	Old Name	CPT Code	Service
<b>EXCISION, MYXOMA, CARDIAC ATRIUM, MINIMALLY INVASIVE, RIGHT THORACOTOMY APPROACH, USING HEARTPORT TECHNIQUE, WITH INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>THORACOTOMY RIGHT W HEARTPORT W REMOVAL ATRIAL MYXOMA TRANSESOPHAGEAL ECHO</b>	93355 Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap	Cardiac/Open Heart
<b>EXCISION, NEOPLASM, FOOT</b>	<b>EXCISION NEOPLASM FOOT</b>	11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less 11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm 11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm 11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm 11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm 11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less 11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm 11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm 11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm 11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm 11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm 28039 Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater 28041 Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater 28043 Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm 28045 Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Podiatry
<b>EXCISION, NEOPLASM, PITUITARY, ENDOSCOPIC, TRANSSPHENOIDAL APPROACH</b>	<b>ENDO TRANSPHENOIDAL RESECTION PITUITARY TUMOR</b>	*62165 Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach	Neurosurgery
<b>EXCISION, NEUROMA, HAND OR WRIST</b>		64776 Excision of neuroma; digital nerve, 1 or both, same digit 64778 Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)	Plastics

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<b>EXCISION, NEUROMA, HAND OR WRIST</b>		64782	Excision of neuroma; hand or foot, except digital nerve	Plastics
		64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)	
		64784	Excision of neuroma; major peripheral nerve, except sciatic	
<b>EXCISION, NEUROMA/FIBROMA HAND/WRIST</b>	<b>EXCISION NEUROMA/FIBROMA HAND/WRIST</b>	64782	Excision of neuroma; hand or foot, except digital nerve	Plastics
<b>EXCISION, PAROTID GLAND</b>	<b>PAROTIDECTOMY</b>	42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	ENT
		42415	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	
		42420	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	
		42425	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve	
		*42426	Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	
<b>EXCISION, PILONIDAL CYST</b>	<b>EXCISION PILONIDAL CYST</b>	11770	Excision of pilonidal cyst or sinus; simple	Colorectal, General
		11771	Excision of pilonidal cyst or sinus; extensive	
		11772	Excision of pilonidal cyst or sinus; complicated	
<b>EXCISION, RADIUS, HEAD, PARTIAL OR TOTAL</b>	<b>EXCISION RADIAL HEAD</b>	24130	Excision, radial head	Orthopedics
		24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	
<b>EXCISION, RIB</b>	<b>RESECTION RIB</b>	21600	Excision of rib, partial	Cardiac/Open Heart, Thoracic, Vascular
		21615	Excision first and/or cervical rib;	
		21616	Excision first and/or cervical rib; with sympathectomy	
<b>EXCISION, SESAMOID BONE, FOOT</b>	<b>SESMOIDECTOMY FOOT</b>	28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base, when performed, any method	Podiatry
		28295	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	
		28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method	
		28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	
		28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	
		28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
<b>EXCISION, SKIN TAG, ANUS</b>	<b>EXCISION ANAL LESION/SKIN TAG</b>	46220	Excision of single external papilla or tag, anus	Colorectal, Gastroenterology
		46230	Excision of multiple external papillae or tags, anus	

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<b>EXCISION, SMALL INTESTINE</b>		*44120	Enterectomy, resection of small intestine; single resection and anastomosis	General
		*44125	Enterectomy, resection of small intestine; with enterostomy	
		*44126	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	
		*44127	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	
		*44128	Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	
<b>EXCISION, SPERMATOCELE, WITH HYDROCELECTOMY</b>	<b>HYDROCELECTOMY W SPERMATOCELECTOMY</b>	54840	Excision of spermatocele, with or without epididymectomy	Urology
		55040	Excision of hydrocele; unilateral	
		55041	Excision of hydrocele; bilateral	
<b>EXCISION, SPERMATOCELE</b>	<b>SPERMATOCELECTOMY</b>	54840	Excision of spermatocele, with or without epididymectomy	Urology
<b>EXCISION, SUBMANDIBULAR GLAND</b>	<b>EXCISION SUBMANDIBULAR GLAND</b>	42440	Excision of submandibular (submaxillary) gland	ENT
<b>EXCISION, SYNOVIAL CYST, POPLITEAL SPACE</b>	<b>EXCISION BAKERS CYST</b>	27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	Orthopedics
<b>EXCISION, THYROGLOSSAL DUCT CYST</b>	<b>EXCISION THYROGLOSSAL DUCT CYST</b>	60280	Excision of thyroglossal duct cyst or sinus;	ENT
		60281	Excision of thyroglossal duct cyst or sinus; recurrent	
<b>EXCISION, TORUS MANDIBULARIS</b>	<b>TORI REDUCTION MANDIBLE</b>	21031	Excision of torus mandibularis	Maxillofacial
<b>EXCISION, VARICOCELE</b>	<b>VARICOCELECTOMY</b>	55530	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)	Urology
		55535	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach	
<b>EXCISION, VARICOSE VEIN, LOWER EXTREMITY, BILATERAL</b>		37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718	Ligation, division, and stripping, short saphenous vein	
		37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
<b>EXCISION, VARICOSE VEIN, LOWER EXTREMITY, UNILATERAL</b>		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	Vascular
<b>EXCISION, VARICOSE VEIN</b>	<b>PHLEBECTOMY VARICOSE VEIN UNILATERAL</b>	37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718	Ligation, division, and stripping, short saphenous vein	

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New Name	Old Name	CPT Code	Service	
<b>EXCISION, VARICOSE VEIN</b>	<b>PHLEBECTOMY VARICOSE VEIN UNILATERAL</b>	37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	Vascular
		37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
<b>EXCISION, XYPHOID PROCESS</b>	<b>EXCISION XYPHOID PROCESS</b>	21620	Ostectomy of sternum, partial	Thoracic
<b>EXCISIONAL BIOPSY, AXILLARY LYMPH NODE, WITH SENTINEL NODE EXCISION</b>	<b>EXC BIOPSY SENTINEL NODE BIOPSY AXILLA/UPPER BODY WNM INJECT</b>	38500	Biopsy or excision of lymph node(s); open, superficial	General
		38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	
		38792	Injection procedure; radioactive tracer for identification of sentinel node	
		78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	
<b>EXCISIONAL BIOPSY, INGUINAL LYMPH NODE, WITH SENTINEL NODE EXCISION</b>	<b>EXC BIOPSY SENTINEL NODE BIOPSY GROIN/LOWER BODY WNM INJECT</b>	38500	Biopsy or excision of lymph node(s); open, superficial	General
		38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	
		38792	Injection procedure; radioactive tracer for identification of sentinel node	
		78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging	
<b>EXCISIONAL BIOPSY, LESION, FACE AND NECK (LOCAL OR CASE)</b>	<b>ODU EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) FACE/NECK</b>	11102	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	General, Plastics
		11103	Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104	Punch biopsy of skin (including simple closure, when performed); single lesion	
		11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106	Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>EXCISIONAL BIOPSY, LESION, FACE AND NECK (LOCAL OR CASE)</b>	<b>ODU EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) FACE/NECK</b>	11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	General, Plastics
<b>EXCISIONAL BIOPSY, LESION, HEAD AND NECK REGION, 2 OR MORE (LOCAL OR CASE)</b>	<b>ODU EXCISE/BIOPSY (MASS/LESION/LIOMA/CYST) MULTIPLE FACE/NECK</b>	11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	General, Maxillofacial, Plastics
		11103 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104 Punch biopsy of skin (including simple closure, when performed); single lesion	
		11105 Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
<b>EXCISIONAL BIOPSY, LESION, LOWER BODY (LOCAL OR CASE)</b>	<b>ODU EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) LOWER BODY</b>	11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	General, Orthopedics, Plastics, Podiatry, Vascular
		11103 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104 Punch biopsy of skin (including simple closure, when performed); single lesion	
		11105 Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
<b>EXCISIONAL BIOPSY, LESION, LOWER BODY, 2 OR MORE (LOCAL OR CASE)</b>	<b>ODU EXCISION/BIOPSY (MASS/LESION/LIPOMA/CYST) MULTIPLE LOWER BODY</b>	11102 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion	General, Orthopedics, Plastics, Podiatry
		11103 Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11104 Punch biopsy of skin (including simple closure, when performed); single lesion	
		11105 Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	
		11106 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion	
		11107 Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (list separately in addition to code for primary procedure)	



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New Name	Old Name	CPT Code	Service
<b>EXCISIONAL BIOPSY, LESION, LOWER BODY, USING CO2 LASER</b>	<b>EXCISE/BIOSPY (MASS/LESION/LIPOMA/CYST) LOWER BODY W CO2</b>		General, Plastics, Urology
<b>EXCISIONAL BIOPSY, LESION, LOWER EYELID</b>	<b>EXCISION/BIOPSY LESION EYELID LOWER</b>	11440	Maxillofacial
		Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	
		11441	
		Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	
		11442	
		Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	
		11443	
		Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	
		11444	
		Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	
		11446	
		Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	
		67810	
		Incisional biopsy of eyelid skin including lid margin	
<b>EXCISIONAL BIOPSY, LESION, OROPHARYNX</b>	<b>EXCISION/BIOPSY (MASS/LESION/CYST) ORAL/ PHARYNGEAL</b>	42800	ENT, Maxillofacial
		Biopsy; oropharynx	
		42808	
		Excision or destruction of lesion of pharynx, any method	
<b>EXCISIONAL BIOPSY, LYMPH NODE, LOWER BODY</b>	<b>EXCISIONAL BIOPSY LYMPH NODE LOWER BODY</b>	38500	General, Gynecology, Orthopedics, Plastics
		Biopsy or excision of lymph node(s); open, superficial	
		38505	
		Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	
		38531	
		Biopsy or excision of lymph node(s); open, inguinofemoral node(s)	
<b>EXCISIONAL BIOPSY, LYMPH NODE, UPPER BODY</b>	<b>EXCISIONAL BIOPSY LYMPH NODE UPPER BODY</b>	38500	ENT, General, Gynecology, Orthopedics, Plastics
		Biopsy or excision of lymph node(s); open, superficial	
		38510	
		Biopsy or excision of lymph node(s); open, deep cervical node(s)	
		38520	
		Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	
		38525	
		Biopsy or excision of lymph node(s); open, deep axillary node(s)	
		38530	
		Biopsy or excision of lymph node(s); open, internal mammary node(s)	
<b>EXCISIONAL BIOPSY, NEOPLASM, ORBIT</b>	<b>EXCISION/BIOPSY ORBITAL TUMOR</b>	67400	Maxillofacial
		Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	
		67412	
		Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	
<b>EXENTERATION, EYE</b>	<b>EXENTERATION EYE</b>	65110	Maxillofacial
		Exenteration of orbit (does not include skin graft), removal of orbital contents; only	
		65112	
		Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	
		65114	
		Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>EXENTERATION, PELVIS</b>	<b>EXENTERATION PELVIC</b>	*45126 Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(	Gynecology
		*51597 Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination there	
		*58240 Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal rese	
<b>EXPANSION, PALATE, RAPID</b>	<b>EXPANSION RAPID PALATAL</b>	21142 Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Dental Surgery
<b>EXPLORATION AND REPAIR, CEREBROSPINAL FLUID (CSF) LEAK, AFTER CERVICAL SPINE PROCEDURE BY ANTERIOR APPROACH</b>	<b>EXPLORE+REPAIR SPINAL FLUID LEAK STATUS POST ANTERIOR CERVICAL SURGERY</b>	*63707 Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	Spine
		*63709 Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	
<b>EXPLORATION AND REPAIR, CEREBROSPINAL FLUID (CSF) LEAK, AFTER CERVICAL SPINE PROCEDURE BY POSTERIOR APPROACH</b>	<b>EXPLORE+REPAIR SPINAL FLUID LEAK STATUS POST POSTERIOR CERVICAL SURGERY</b>	*63707 Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	Spine
		*63709 Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	
<b>EXPLORATION AND REPAIR, CEREBROSPINAL FLUID (CSF) LEAK, AFTER LUMBAR SPINE PROCEDURE BY POSTERIOR APPROACH</b>	<b>EXPLORE+REPAIR SPINAL FLUID LEAK STATUS POST LUMBAR SURGERY</b>	*63707 Repair of dural/cerebrospinal fluid leak, not requiring laminectomy	Spine
		*63709 Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy	
<b>EXPLORATION, INGUINAL REGION, WITH DEBRIDEMENT, WITH MESH REMOVAL IF INDICATED</b>	<b>EXPLORATION GROIN W MESH POSSIBLE DEBRIDE &amp;/ REMOVE MESH</b>	*11008 Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (list separately in addition to code for primary procedure)	General
<b>EXPLORATION, NERVE, PERONEAL</b>	<b>EXPLORATION PERONEAL NERVE (LEG)</b>	64708 Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	Neurosurgery
<b>EXPLORATION, SCROTUM</b>		55110 Scrotal exploration	Urology
<b>EXPLORATION, TENDON SHEATH, HAND</b>	<b>EXPLORATION TENDON SHEATH HAND</b>	26055 Tendon sheath incision (eg, for trigger finger)	Orthopedics
<b>EXPLORATION, URETER, OPEN</b>	<b>EXPLORATION URETERAL</b>	*50600 Ureterotomy with exploration or drainage (separate procedure)	Urology
<b>EXPLORATORY LAPAROSCOPY WITH XI</b>		49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Bariatric Robotics, General Robotics
<b>EXTRACTION, TOOTH, FULL OR PARTIAL MOUTH</b>	<b>EXTRACTIONS DENTAL FULL MOUTH / PARTIAL</b>	41899 Unlisted procedure, dentoalveolar structures	Dental Surgery
<b>FASCIECTOMY, PLANTAR</b>		28060 Fasciectomy, plantar fascia; partial (separate procedure)	Podiatry
		28062 Fasciectomy, plantar fascia; radical (separate procedure)	
<b>FASCIOTOMY OR FASCIECTOMY, PALM</b>	<b>FASCIOTOMY/FASCIECTOMY PALMAR (HAND)</b>	26040 Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	Orthopedics

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New Name	Old Name	CPT Code	Service
<b>FASCIOTOMY OR FASCIECTOMY, PALM</b>	<b>FASCIOTOMY/FASCIECTOMY PALMAR (HAND)</b>	26045 Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	Orthopedics
		26121 Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	
		26123 Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	
<b>FASCIOTOMY OR FASCIECTOMY, PLANTAR WITH RELEASE, TARSAL TUNNEL (FOOT)</b>	<b>FASCIOTOMY/FASCIECTOMY PLANTAR W RELEASE TARSAL TUNNEL(FOOT)</b>	28008 Fasciotomy, foot and/or toe	Podiatry
		28060 Fasciectomy, plantar fascia; partial (separate procedure)	
		28062 Fasciectomy, plantar fascia; radical (separate procedure)	
<b>FASCIOTOMY OR FASCIECTOMY, PLANTAR</b>	<b>FASCIOTOMY/FASCIECTOMY PLANTAR (FOOT)</b>	28008 Fasciotomy, foot and/or toe	Podiatry
		28060 Fasciectomy, plantar fascia; partial (separate procedure)	
		28062 Fasciectomy, plantar fascia; radical (separate procedure)	
<b>FASCIOTOMY, LOWER EXTREMITY</b>	<b>FASCIOTOMY/FASCIECTOMY LEG</b>	27025 Fasciotomy, hip or thigh, any type	Orthopedics, Vascular
		27305 Fasciotomy, iliotibial (tenotomy), open	
		27496 Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	
		27497 Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	
		27498 Decompression fasciotomy, thigh and/or knee, multiple compartments;	
		27499 Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	
		27600 Decompression fasciotomy, leg; anterior and/or lateral compartments only	
		27601 Decompression fasciotomy, leg; posterior compartment(s) only	
		27602 Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	
		27892 Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve	
		27893 Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve	
		27894 Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve	
		28008 Fasciotomy, foot and/or toe	
		29893 Endoscopic plantar fasciotomy	
		<b>FASCIOTOMY, UPPER EXTREMITY</b>	
25020 Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve			

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New Name	Old Name	CPT Code	Service	
<b>FASCIOTOMY, UPPER EXTREMITY</b>	<b>FASCIOTOMY/FASCIECTOMY ARM</b>	25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	Orthopedics, Vascular
		25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve	
		25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	
		26037	Decompressive fasciotomy, hand (excludes 26035)	
		26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	
		26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	
		<b>FISSURECTOMY, FISTULECTOMY, OR FISTULOTOMY, RECTUM</b>	<b>FISTULOTOMY/FISTULECTOMY/FISSURECTOMY RECTAL</b>	
*45820	Closure of rectourethral fistula;			
46200	Fissurectomy, including sphincterotomy, when performed			
57300	Closure of rectovaginal fistula; vaginal or transanal approach			
*57305	Closure of rectovaginal fistula; abdominal approach			
<b>FISSURECTOMY, WITH SPHINCTEROTOMY</b>	<b>SPHINCTEROTOMY W FISSURECTOMY</b>	46200	Fissurectomy, including sphincterotomy, when performed	Colorectal, General
<b>FISTULOTOMY, ANAL, STAGE 2</b>	<b>FISTULOTOMY SECOND STAGE IN ENDO UNIT</b>	46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	Colorectal
<b>FISTULOTOMY, ANAL, WITH LIGATION FISTULA TRACT</b>	<b>FISTULOTOMY ANAL W LIGATION FISTULA TRACT</b>	46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	Colorectal, General
		46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	
<b>FISTULOTOMY, COMPLEX, WITH LIFT PROCEDURE</b>	<b>FISTULOTOMY COMPLEX W/LIFT PROCEDURE</b>	46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	Colorectal
<b>FISTULOTOMY, RECTUM, WITH INTERSPHINCTERIC FISTULA TRACT LIGATION AND FISTULA CLOSURE USING PLUG OR FIBRIN GLUE</b>	<b>FISTULOTOMY RECTAL W FISTULA PLUG/FIBRIN SEAL/LIFT PROCEDURE</b>	46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	Colorectal, General
		46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	
<b>FLUOROSCOPY, CHEST</b>	<b>FLUOROSCOPY CHEST</b>	76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	Cardiac, Cardiovascular
<b>FRENULECTOMY OR FRENECTOMY, ORAL CAVITY</b>	<b>FRENULECTOMY</b>	40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	Dental Surgery, ENT
		41010	Incision of lingual frenum (frenotomy)	
		41115	Excision of lingual frenum (frenectomy)	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), USING COMPUTER ASSISTED NAVIGATION, WITH BALLOON SINUPLASTY</b>		31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	ENT
		31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	
		31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	
		31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	
		31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	

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New Name	Old Name	CPT Code	Service
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), USING COMPUTER ASSISTED NAVIGATION, WITH BALLOON SINUPLASTY</b>		31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	ENT
		31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	
		31255 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	
		31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	
		31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	
		31259 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	
		31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	
		31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	
		31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy;	
		31288 Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	
		*31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	
		*31291 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	
		31292 Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall	
		31293 Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	
		31294 Nasal/sinus endoscopy, surgical, with optic nerve decompression	
		31295 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	
		31296 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
		31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
		31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	
		61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), USING COMPUTER-ASSISTED NAVIGATION, WITH NASAL TURBINATE REDUCTION</b>	61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)		

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), USING COMPUTER-ASSISTED NAVIGATION, WITH SEPTOPLASTY AND INFERIOR NASAL TURBINATE MICRODEBRIDEMENT</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W TURBINATE W SEPTOPLASTY W NAVIGATOR</b>	30801 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	ENT
		30802 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	
		31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	
		31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	
		61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), USING COMPUTER-ASSISTED NAVIGATION</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W NAVIGATOR</b>	31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	ENT
		31238 Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	
		31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	
		31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	
		31241 Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	
		31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	
		31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	
		31255 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	
		31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	
		31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	
		31259 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	
		31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	
		31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	
		31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy;	
		31288 Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	
		*31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region	
		*31291 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region	
31292 Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall			

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New Name	Old Name	CPT Code	Service
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), USING COMPUTER-ASSISTED NAVIGATION</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W NAVIGATOR</b>	31293 Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall	ENT
		31294 Nasal/sinus endoscopy, surgical, with optic nerve decompression	
		31295 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	
		31296 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
		31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
		31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	
		61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH BALLOON SINUPLASTY</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY BALLOON SINUPLASTY</b>	31295 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	ENT
		31296 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
		31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
		31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH NASAL SEPTOPLASTY AND TURBINATE REDUCTION</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY SEPTOPLASTY TURBINATE</b>	30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	ENT
		31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH NASAL SEPTOPLASTY, SINUPLASTY, AND NASAL TURBINATE REDUCTION</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY SEPTO-SINUPLASTY TURBINATE REDUCTION</b>	30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	ENT
		31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	
		31295 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	
		31296 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
		31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
		31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH NASAL SEPTOPLASTY</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W SEPTOPLASTY</b>	30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	ENT
		31233 Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	
		31235 Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH NASAL TURBINATE REDUCTION</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W TURBINATE</b>	31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	ENT
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH NASAL VALVE REPAIR</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W NASAL VALVEPLASTY</b>	31299 Unlisted procedure, accessory sinuses	ENT

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<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH RHINOSEPTOPLASTY</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W SEPTORHINOPLASTY</b>	30420 Rhinoplasty, primary; including major septal repair	ENT
		31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS), WITH SINUPLASTY AND NASAL TURBINATE REDUCTION</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY W SINUPLASTY W TURBINATE REDUCTION</b>	31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	ENT
		31295 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	
		31296 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
		31297 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
		31298 Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	
<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)</b>	<b>FUNCTIONAL ENDOSCOPIC SINUS SURGERY</b>	31233 Nasal/sinus endoscopy, diagnostic; with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)	ENT
		31235 Nasal/sinus endoscopy, diagnostic; with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)	
<b>FUNDOPLICATION, ESOPHAGOGASTRIC, LAPAROSCOPIC</b>	<b>FUNDOPLICATION LAPAROSCOPIC</b>	43280 Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)	General, Thoracic
<b>FUNDOPLICATION, ROBOT-ASSISTED, LAPAROSCOPIC, USING SI, WITH PARAESOPHAGEAL HERNIA REPAIR</b>		43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	General Robotics
		43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	
<b>FUNDOPLICATION, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI, WITH PARAESOPHAGEAL HERNIA REPAIR</b>	<b>REPAIR HERNIA PARAESOPHAGEAL LAPAROSCOPIC FUNDOPLICATION W XI ROBOTICS</b>	43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	General Robotics
		43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	
<b>FUNDOPLICATION, TRANSTHORACIC APPROACH</b>		*43328 Esophagogastric fundoplasty partial or complete; thoracotomy	Thoracic
<b>FUSION, CARPOMETACARPAL (CMC) JOINT, THUMB</b>	<b>ARTHRODESIS CARPAL METACARPAL THUMB</b>	26820 Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	Orthopedics
		26841 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	
		26842 Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	
<b>FUSION, JOINT, ANKLE</b>	<b>ARTHRODESIS ANKLE</b>	27870 Arthrodesis, ankle, open	Orthopedics, Podiatry
		27871 Arthrodesis, tibiofibular joint, proximal or distal	
		29899 Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	
<b>FUSION, JOINT, DIGIT, HAND</b>	<b>ARTHRODESIS FINGER/THUMB</b>	26850 Arthrodesis, metacarpophalangeal joint, with or without internal fixation;	Orthopedics
		26852 Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	



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<b>FUSION, JOINT, DIGIT, HAND</b>	<b>ARTHRODESIS FINGER/THUMB</b>	26860 Arthrodesis, interphalangeal joint, with or without internal fixation;	Orthopedics
		26861 Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)	
		26862 Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)	
		26863 Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)	
<b>FUSION, JOINT, FOOT</b>	<b>ARTHRODESIS FOOT/TOE</b>	28705 Arthrodesis; pantalar	Orthopedics, Podiatry
		28715 Arthrodesis; triple	
		28725 Arthrodesis; subtalar	
		28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;	
		28735 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)	
		28737 Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)	
		28740 Arthrodesis, midtarsal or tarsometatarsal, single joint	
		28750 Arthrodesis, great toe; metatarsophalangeal joint	
		28755 Arthrodesis, great toe; interphalangeal joint	
		28760 Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	
<b>FUSION, JOINT, HINDFOOT, TRIPLE</b>	<b>ARTHRODESIS TRIPLE ANKLE</b>	28715 Arthrodesis; triple	Orthopedics, Podiatry
<b>FUSION, JOINT, TOE</b>	<b>ARTHRODESIS FOOT/TOE</b>	28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Podiatry
		28750 Arthrodesis, great toe; metatarsophalangeal joint	
		28755 Arthrodesis, great toe; interphalangeal joint	
		28760 Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)	
<b>FUSION, JOINT, WRIST</b>	<b>ARTHRODESIS WRIST</b>	25800 Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	Orthopedics
		25805 Arthrodesis, wrist; with sliding graft	
		25810 Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	
		25820 Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	
		25825 Arthrodesis, wrist; with autograft (includes obtaining graft)	
<b>FUSION, SACROILIAC JOINT, PERCUTANEOUS, WITH FIXATION, BILATERAL</b>		27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Spine

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<b>FUSION, SACROILIAC JOINT, PERCUTANEOUS, WITH FIXATION, UNILATERAL</b>	<b>SACROILIAC JOINT PERCUTANEOUS FUSION WITH FIXATION</b>	27279 Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Spine
<b>FUSION, SPINE, LUMBAR, ANTERIOR LUMBAR INTERBODY FUSION (ALIF)</b>	<b>LUMBAR ANTERIOR INTERBODY FUSION WITH JACKSON TABLE NEURO MONITORING</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
		95940 Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	
		95941 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	
<b>FUSION, SPINE, LUMBAR, DIRECT LATERAL INTERBODY FUSION (DLIF)</b>	<b>DIRECT LATERAL LUMBAR FUSION</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
<b>FUSION, SPINE, LUMBAR, INTERBODY, LATERAL APPROACH</b>	<b>LUMBAR DIRECT LATERAL INTERBODY FUSION</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
<b>FUSION, SPINE, LUMBAR, INTERBODY, OBLIQUE APPROACH</b>	<b>LUMBAR OBLIQUE ANTERIOR INTERBODY FUSION</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
<b>FUSION, SUBTALAR JOINT</b>	<b>ARTHRODESIS (FUSION) ANKLE SUBTALAR</b>	28725 Arthrodesis; subtalar	Orthopedics
		29907 Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis	
<b>GASTRECTOMY, PARTIAL OR TOTAL, ROBOT-ASSISTED, USING XI</b>	<b>GASTRECTOMY TOTAL/PARTIAL W XI ROBOTICS</b>	43659 Unlisted laparoscopy procedure, stomach	General Robotics
<b>GASTRECTOMY, PROXIMAL, ROBOT-ASSISTED, USING XI</b>	<b>RESECTION GASTRIC PROXIMAL XI ROBOTIC</b>	43659 Unlisted laparoscopy procedure, stomach	General Robotics
<b>GASTRECTOMY, SLEEVE, LAPAROSCOPIC, WITH HIATAL HERNIA REPAIR IF INDICATED, WITH LIVER BIOPSY IF INDICATED</b>	<b>GASTRECTOMY SLEEVE W POSS REP HIATAL HERNIA+LIVER BX LAPSCOPE</b>	*43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Bariatric

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<b>GASTRECTOMY, SLEEVE, LAPAROSCOPIC, WITH HIATAL HERNIA REPAIR IF INDICATED, WITH LIVER BIOPSY IF INDICATED</b>	<b>GASTRECTOMY SLEEVE W POSS REP HIATAL HERNIA+LIVER BX LAPSCOPE</b>	47001 Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	Bariatric
<b>GASTRECTOMY, SLEEVE, LAPAROSCOPIC, WITH LAPAROSCOPIC HIATAL HERNIA REPAIR IF INDICATED</b>		43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh 43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh *43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Bariatric
<b>GASTRECTOMY, SLEEVE, LAPAROSCOPIC, WITH LIVER BIOPSY IF INDICATED</b>		*43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) 47001 Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)	Bariatric
<b>GASTRECTOMY, SLEEVE, LAPAROSCOPIC</b>	<b>GASTRECTOMY SLEEVE LAPAROSCOPIC</b>	*43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Bariatric
<b>GASTRECTOMY, SLEEVE, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI, WITH HIATAL HERNIA REPAIR IF INDICATED, WITH LIVER BIOPSY IF INDICATED, LAPAROTOMY IF INDICATED</b>		43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh 43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh *43775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Bariatric Robotics
<b>GASTRECTOMY</b>	<b>GASTRECTOMY TOTAL/PARTIAL</b>	*43620 Gastrectomy, total; with esophagoenterostomy *43621 Gastrectomy, total; with Roux-en-Y reconstruction *43622 Gastrectomy, total; with formation of intestinal pouch, any type *43631 Gastrectomy, partial, distal; with gastroduodenostomy *43632 Gastrectomy, partial, distal; with gastrojejunostomy *43633 Gastrectomy, partial, distal; with Roux-en-Y reconstruction *43634 Gastrectomy, partial, distal; with formation of intestinal pouch	General
<b>GASTROJEJUNOSTOMY, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>		*43820 Gastrojejunostomy; without vagotomy *43825 Gastrojejunostomy; with vagotomy, any type	General Robotics
<b>GASTROJEJUNOSTOMY</b>	<b>GASTROJEJUNOSTOMY</b>	*43820 Gastrojejunostomy; without vagotomy *43825 Gastrojejunostomy; with vagotomy, any type	General
<b>HEMIARTHROPLASTY, HIP</b>	<b>HEMI-ARTHROPLASTY HIP</b>	27125 Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	Orthopedics
<b>HEMIARTHROPLASTY, SHOULDER</b>	<b>HEMI-ARTHROPLASTY SHOULDER</b>	23470 Arthroplasty, glenohumeral joint; hemiarthroplasty	Orthopedics
<b>HEMORRHOIDECTOMY, WITH BANDING</b>	<b>HEMORRHOIDECTOMY W HEMORRHOID BANDING W ANESTHESIA</b>	46221 Hemorrhoidectomy, internal, by rubber band ligation(s)	Colorectal
<b>HEMORRHOIDECTOMY</b>	<b>HEMORRHOIDECTOMY</b>	46221 Hemorrhoidectomy, internal, by rubber band ligation(s) 46250 Hemorrhoidectomy, external, 2 or more columns/groups 46255 Hemorrhoidectomy, internal and external, single column/group;	Colorectal, General

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<b>HEMORRHOIDECTOMY</b>	<b>HEMORRHOIDECTOMY</b>	46260 Hemorrhoidectomy, internal and external, 2 or more columns/groups;	Colorectal, General
		46945 Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group, without imaging guidance	
		46946 Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups, without imaging guidance	
<b>HYDROCELECTOMY</b>	<b>HYDROCELECTOMY</b>	55040 Excision of hydrocele; unilateral	Urology
		55041 Excision of hydrocele; bilateral	
		55500 Excision of hydrocele of spermatic cord, unilateral (separate procedure)	
<b>HYDROGEN BREATH TEST, FOR BACTERIAL OVERGROWTH</b>	<b>HYDROGEN BREATH TEST FOR BACTERIAL OVERGROWTH</b>	91065 Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or orocecal gastrointestinal transit)	Colorectal, Gastroenterology
<b>HYDROGEN BREATH TEST, FOR LACTASE DEFICIENCY</b>	<b>HYDROGEN BREATH TEST FOR LACTOSE INTOLERANCE</b>	91065 Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or orocecal gastrointestinal transit)	Colorectal, Gastroenterology
<b>HYMENECTOMY</b>	<b>HYMENECTOMY</b>	56700 Partial hymenectomy or revision of hymenal ring	Gynecology
<b>HYSTERECTOMY, ABDOMINAL, AFTER DELIVERY</b>	<b>ABDOMINAL HYSTERECTOMY POST DELIVERY</b>	*58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Obstetrics
		*59525 Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
<b>HYSTERECTOMY, ROBOT-ASSISTED, USING SI, LAPAROSCOPIC, WITH BILATERAL SALPINGO-OOPHORECTOMY IF INDICATED</b>		58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Gynecology Robotics
		58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	
		58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
		58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	
		58552 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
		58554 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
		58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	
		58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;			

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<b>HYSTERECTOMY, ROBOT-ASSISTED, USING SI, LAPAROSCOPIC, WITH BILATERAL SALPINGO-OOPHORECTOMY IF INDICATED</b>		58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Gynecology Robotics
<b>HYSTERECTOMY, ROBOT-ASSISTED, USING XI, WITH BILATERAL SALPINGO-OOPHORECTOMY IF INDICATED</b>	<b>HYSTERECTOMY LAPAROSCOPIC POSS. TUBES + OVARIES W XI ROBOTIC</b>	58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Gynecology Robotics
		58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	
		58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
		58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	
		58552 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
		58554 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
		58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	
		58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	
		58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, SUPRACERVICAL, ABDOMINAL, WITH BILATERAL SALPINGO-OOPHORECTOMY</b>	<b>HYSTERECTOMY SUPRACERVICAL ABDOMINAL TUBES+OVARY</b>	*58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Gynecology
<b>HYSTERECTOMY, SUPRACERVICAL, ABDOMINAL</b>	<b>HYSTERECTOMY SUPRACERVICAL ABDOMINAL</b>	*58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Gynecology
<b>HYSTERECTOMY, SUPRACERVICAL, LAPAROSCOPIC, WITH SALPINGO-OOPHORECTOMY</b>	<b>HYSTERECTOMY SUPRACERVICAL LAPAROSCOPY SALPINGO-OOPHORECTOMY</b>	58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Gynecology
		58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, SUPRACERVICAL, LAPAROSCOPIC</b>	<b>HYSTERECTOMY SUPRACERVICAL LAPAROSCOPY</b>	58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Gynecology
		58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	
<b>HYSTERECTOMY, TOTAL, ABDOMINAL, WITH SALPINGO-OOPHORECTOMY</b>	<b>HYSTERECTOMY TOTAL ABDOMINAL SALPINGO OOPHORECTOMY</b>	*58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Gynecology
<b>HYSTERECTOMY, TOTAL, ABDOMINAL</b>	<b>HYSTERECTOMY TOTAL ABDOMINAL</b>	*58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Gynecology

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<b>HYSTERECTOMY, TOTAL, LAPAROSCOPIC, WITH BILATERAL SALPINGO-OOPHORECTOMY, PELVIC LYMPHADENECTOMY, WASHING FOR CYTOLOGY, AND CYSTOSCOPY</b>	<b>HYSTERECTOMY LAPAROSCOPY TOTAL TUBES &amp; OVARIES PELVIC NODE DISSECTION/WASHING W CYSTOSCOPY</b>	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	Gynecology
		52000	Cystourethroscopy (separate procedure)	
		58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
		58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
		58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, TOTAL, LAPAROSCOPIC, WITH BILATERAL SALPINGO-OOPHORECTOMY</b>	<b>HYSTERECTOMY LAPAROSCOPIC TOTAL W TUBES OVARIES</b>	58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Gynecology
		58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, TOTAL, LAPAROSCOPIC</b>	<b>HYSTERECTOMY LAPAROSCOPIC TOTAL</b>	58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Gynecology
		58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	
<b>HYSTERECTOMY, TOTAL, VAGINAL, WITH SALPINGO-OOPHORECTOMY</b>	<b>HYSTERECTOMY VAGINAL TOTAL SALPINGO OOPHORECTOMY</b>	58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Gynecology
		58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, VAGINAL, LAPAROSCOPY-ASSISTED, WITH BILATERAL SALPINGO-OOPHORECTOMY, WITH CONVERSION TO OPEN APPROACH IF INDICATED</b>	<b>HYSTERECTOMY LAPAROSCOPIC VAGINAL TUBES OVARIES POSS. OPEN</b>	*58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Gynecology
		58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, VAGINAL, LAPAROSCOPY-ASSISTED, WITH BILATERAL SALPINGO-OOPHORECTOMY</b>	<b>HYSTERECTOMY LAPAROSCOPIC VAGINAL W TUBES OVARIES</b>	58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Gynecology
		58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, VAGINAL, LAPAROSCOPY-ASSISTED, WITH SALPINGO-OOPHORECTOMY AND LYMPHADENECTOMY</b>	<b>HYSTERECTOMY LAPAROSCPY VAGINAL TUBESOVARIES LYMPHADENECTOMY</b>	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	Gynecology
		58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	
		58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>HYSTERECTOMY, VAGINAL, LAPAROSCOPY-ASSISTED, WITH SLING OPERATION AND CYSTOSCOPY</b>	<b>HYSTERECTOMY LAPAROSCOPIC VAGINAL W SLING W CYSTOSCOPY</b>	51992	Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	Gynecology

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New Name	Old Name	CPT Code	Service
<b>HYSTERECTOMY, VAGINAL, LAPAROSCOPY-ASSISTED, WITH SLING OPERATION AND CYSTOSCOPY</b>	<b>HYSTERECTOMY LAPAROSCOPIC VAGINAL W SLING W CYSTOSCOPY</b>	52000 Cystourethroscopy (separate procedure)	Gynecology
		58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	
		58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
<b>HYSTERECTOMY, VAGINAL, LAPAROSCOPY-ASSISTED</b>	<b>HYSTERECTOMY LAPAROSCOPIC VAGINAL</b>	58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Gynecology
		58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	
<b>HYSTERECTOMY, VAGINAL, WITH ANTERIOR COLPORRHAPHY, POSTERIOR COLPORRHAPHY, AND/OR ENTEROCELE REPAIR IF INDICATED</b>	<b>HYSTERECTOMY VAGINAL REPAIR ANTERIOR&amp;/POSTERIOR&amp;/ ENTEROCELE</b>	57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Gynecology
		57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy	
		57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;	
		58260 Vaginal hysterectomy, for uterus 250 g or less;	
		58270 Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	
		58290 Vaginal hysterectomy, for uterus greater than 250 g;	
		58294 Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	
<b>HYSTERECTOMY, VAGINAL, WITH CYSTOSCOPY AND SUBURETHERAL SLING CREATION</b>	<b>HYSTERECTOMY VAGINAL W SUBURETHERAL SLING W CYSTOSCOPY</b>	52000 Cystourethroscopy (separate procedure)	Gynecology
		57288 Sling operation for stress incontinence (eg, fascia or synthetic)	
		58260 Vaginal hysterectomy, for uterus 250 g or less;	
		58290 Vaginal hysterectomy, for uterus greater than 250 g;	
<b>HYSTERECTOMY, VAGINAL</b>	<b>HYSTERECTOMY VAGINAL</b>	58260 Vaginal hysterectomy, for uterus 250 g or less;	Gynecology
		58290 Vaginal hysterectomy, for uterus greater than 250 g;	
<b>HYSTEROSCOPY, WITH BALLOON ENDOMETRIAL THERMAL ABLATION</b>	<b>HYSTEROSCOPY ABLATION ENDOMETRIUM THERMACHOICE</b>	58563 Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Gynecology
<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS AND NOVASURE ENDOMETRIAL ABLATION</b>	<b>HYSTEROSCOPY DILATE CURETTAGE ENDOMETRIAL ABLATION NOVASURE</b>	58563 Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	Gynecology
<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS AND POLYPECTOMY OR UTERINE MYOMECTOMY USING MYOSURE TISSUE REMOVAL SYSTEM</b>	<b>HYSTEROSCOPY D + C RESECTION FIBROID/POLYP W MYOSURE</b>	58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
		58561 Hysteroscopy, surgical; with removal of leiomyomata	
<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS, WITH ENDOMETRIAL EXCISION OR MYOMECTOMY</b>	<b>HYSTEROSCOPY DILATATION CURETTE RESECT ENDOMETRIUM/FIBROID</b>	58561 Hysteroscopy, surgical; with removal of leiomyomata	Gynecology
		58563 Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	

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<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS, WITH ENDOMETRIAL EXCISION, POLYPECTOMY, AND/OR MYOMECTOMY IF INDICATED</b>	<b>HYSTEROSCOPY DILITATION CURETTAGE MYOMECTOMY/ENDOMETRIAL RESECTION/POLYPECTOMY</b>	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
		58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)	
<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS, WITH POLYPECTOMY OR MYOMECTOMY</b>	<b>HYSTEROSCOPY DILATATION CURETTAGE POLYPECTOMY/MYOMECTOMY</b>	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
		58561	Hysteroscopy, surgical; with removal of leiomyomata	
<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE OF UTERUS</b>	<b>HYSTEROSCOPY W DILATATION CURETTAGE</b>	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
<b>HYSTEROSCOPY, WITH DILATION AND CURETTAGE, UTERUS, USING SUCTION</b>	<b>HYSTEROSCOPY DILATATION CURRETAGE W SUCTION</b>	58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Gynecology
<b>HYSTEROSCOPY, WITH LAPAROSCOPIC OVARIAN CYST EXCISION</b>	<b>HYSTEROSCOPY LAPAROSCOPY OPERATIVE OVARIAN CYSTECTOMY</b>	58555	Hysteroscopy, diagnostic (separate procedure)	Gynecology
		58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	
<b>HYSTEROSCOPY, WITH LAPAROSCOPIC SALPINGO-OOPHORECTOMY</b>	<b>HYSTEROSCOPY LAPAROSCOPY OPERATIVE SALPINGO-OOPHORECTOMY</b>	58555	Hysteroscopy, diagnostic (separate procedure)	Gynecology
		58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	
<b>HYSTEROSCOPY</b>	<b>HYSTEROSCOPY</b>	58555	Hysteroscopy, diagnostic (separate procedure)	Gynecology
<b>IMPEDANCE PH STUDY, 24 HOUR</b>	<b>24 HOUR PH PROBE W IMPEDANCE</b>	91034	Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation	Gastroenterology
		91038	Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)	
<b>INCISION AND DRAINAGE, ABSCESS, ISCHIORECTAL OR PERIRECTAL</b>	<b>INCISION AND DRAINAGE PERI/ISOCOLORECTAL ABSCESS</b>	46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	Colorectal
<b>INCISION AND DRAINAGE, ABSCESS, RECTUM</b>	<b>INCISION AND DRAINAGE RECTAL ABSCESS</b>	45005	Incision and drainage of submucosal abscess, rectum	Colorectal, General
		45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess	
		46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	
		46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	
		46050	Incision and drainage, perianal abscess, superficial	
<b>INCISION AND DRAINAGE, EPIDIDYMIS, TESTICLE, OR SCROTUM</b>		54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	Urology
<b>INCISION AND DRAINAGE, HEMATOMA (LOCAL OR CASE)</b>	<b>ODU INCISION AND DRAINAGE/EVACUATION OF HEMATOMA</b>	10140	Incision and drainage of hematoma, seroma or fluid collection	General
<b>INCISION AND DRAINAGE, SHOULDER, AFTER TOTAL SHOULDER ARTHROPLASTY</b>	<b>INCISION &amp; DRAINAGE SHOULDER TOTAL</b>	23030	Incision and drainage, shoulder area; deep abscess or hematoma	Orthopedics
<b>INCISION AND DRAINAGE</b>	<b>INCISION AND DRAINAGE</b>			Cardiac/Open Heart, Colorectal, General, Gynecology, Orthopedics, Vascular
<b>INCISION, PROSTATE, TRANSURETHRAL, USING GREEN LIGHT LASER</b>	<b>PROSTATE-INCISION TRANSURETHERAL W GREEN LIGHT LASER</b>	52450	Transurethral incision of prostate	Urology



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<b>INJECTION, BLOOD PATCH, EPIDURAL</b>	<b>PACU BLOOD PATCH IP</b>	62273 Injection, epidural, of blood or clot patch	Anesthesiology
<b>INJECTION, CIDOFOVIR</b>	<b>INJECTION CIDOFOVIR</b>	96372 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	ENT
		96373 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	
		96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	
<b>INJECTION, COCCYX</b>	<b>COCCYGEAL INJECTION</b>	20610 Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	Pain Management
<b>INJECTION, DEFLUX, VESICoureTERAL ORIFICE</b>	<b>INJECTION DEFLUX</b>	52327 Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material	Urology
<b>INJECTION, FACET JOINT, LUMBAR</b>	<b>LUMBAR FACET INJECTION</b>	0216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	Pain Management
		0217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	
		0218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary proc	
		64493 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	
		64494 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	
		64495 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f	
<b>INJECTION, MUSCLE, PIRIFORMIS</b>	<b>PIRIFORMIS MUSCLE INJECTION</b>	20552 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Pain Management
<b>INJECTION, ONABOTULINUMTOXINA, ANUS</b>	<b>INJECTION BOTOX ANUS W ANESTHESIA ENDO UNIT</b>	46505 Chemodenervation of internal anal sphincter	Colorectal, Gastroenterology
<b>INJECTION, ONABOTULINUMTOXINA, FACE OR NECK</b>	<b>INJECTION BOTOX FACE/NECK</b>	64612 Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Plastics
		64616 Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	
<b>INJECTION, ONABOTULINUMTOXINA, PELVIS, FLOOR</b>		64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Gynecology, Urology
<b>INJECTION, ONABOTULINUMTOXINA, TORSO OR UPPER EXTREMITY</b>	<b>INJECTION BOTOX TORSO/UPPER EXTREMITY</b>	64642 Chemodenervation of one extremity; 1-4 muscle(s)	Plastics

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<b>INJECTION, ONABOTULINUMTOXINA, TORSO OR UPPER EXTREMITY</b>	<b>INJECTION BOTOX TORSO/UPPER EXTREMITY</b>	64644 Chemodenervation of one extremity; 5 or more muscles	Plastics
		64646 Chemodenervation of trunk muscle(s); 1-5 muscle(s)	
		64647 Chemodenervation of trunk muscle(s); 6 or more muscles	
<b>INJECTION, SACROILIAC JOINT</b>	<b>SACRO ILIAC JOINT INJECTION</b>	27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Pain Management
<b>INJECTION, SPINE, LUMBAR, EPIDURAL, TRANSFORAMINAL APPROACH</b>	<b>LUMBAR TRANSFORAMINAL EPIDURAL</b>	64483 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Pain Management
		64484 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (list separately in addition to code for primary procedure)	
<b>INJECTION, SPINE, LUMBAR, EPIDURAL</b>	<b>LUMBAR EPIDURAL INJECTION</b>	62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	Pain Management
		62323 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral	
		64483 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	
		64484 Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (list separately in addition to code for primary procedure)	
<b>INJECTION, THERAPEUTIC AGENT</b>	<b>INJECTION THERAPEUTIC</b>		Dental Surgery, General, Gynecology, Orthopedics, Pacemakers, Plastics, Podiatry, Vascular
<b>INSERTION OR REMOVAL, CATHETER, DIALYSIS, PERITONEAL, LAPAROSCOPIC</b>	<b>INSERT/REMOVE PERITONEAL DIALYSIS CATH LAPAROSCOPY(TENCHOFF)</b>	49324 Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	General, Vascular
		49422 Removal of tunneled intraperitoneal catheter	
<b>INSERTION OR REMOVAL, GASTROSTOMY TUBE, LAPAROSCOPIC</b>	<b>INSERTION/REMOVAL GASTRECTOMY TUBE LAPAROSCOPIC</b>	43653 Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	Bariatric, General
		43659 Unlisted laparoscopy procedure, stomach	
<b>INSERTION OR REMOVAL, PULSE GENERATOR, NEUROSTIMULATOR, SACRAL</b>	<b>INSERTION / REMOVAL GU INTERSTIM GENERATOR</b>	63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver	Urology
		64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
		64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
<b>INSERTION OR REMOVAL, SETON STITCH</b>	<b>PLACEMENT/REMOVAL OF SETON</b>	46020 Placement of seton	Colorectal, Gastroenterology

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<b>INSERTION OR REMOVAL, SETON STITCH</b>	<b>PLACEMENT/REMOVAL OF SETON</b>	46030 Removal of anal seton, other marker	Colorectal, Gastroenterology
<b>INSERTION OR REPLACEMENT, PENILE PROSTHESIS</b>	<b>INSERTION/REPLACE PENILE PROSTHESIS</b>	54400 Insertion of penile prosthesis; non-inflatable (semi-rigid)	Urology
		54401 Insertion of penile prosthesis; inflatable (self-contained)	
		54405 Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
		54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	
		54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	
		54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	
		54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	
<b>INSERTION OR REVISION, ELECTRODE LEAD, CARDIAC PACEMAKER</b>	<b>REVISION/INSERTION PACEMAKER LEAD</b>	*33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Pacemakers
		*33203 Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	
		33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	
		33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	
		33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin	
		33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	
		33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	
		33235 Removal of transvenous pacemaker electrode(s); dual lead system	

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New Name	Old Name	CPT Code	Service	
<b>INSERTION OR REVISION, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), BIVENTRICULAR</b>	<b>REVISE/INSERT BIVENTRICULAR CARDIOVERTER DEFIBRIL LEAD</b>	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	Pacemakers
		33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin	
		33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	
<b>INSERTION OR REVISION, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>REVISE/INSERT IMPLANT CARDIOVERTER DEFIBRILLATOR LEAD</b>	*33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Pacemakers
		33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33220	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator	
		33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin	
		33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	
		33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	
<b>INSERTION PERCUTANEOUS PEDICLE SCREW, POSTERIOR COLUMN, SCHEDULED WITH FUSION, SPINE, LUMBAR, ANTERIOR LATERAL OR OBLIQUE APPROACH</b>	<b>PERCUTANEOUS PEDICLE SCREWS SCHEDULED W DLIF</b>	22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine
		22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	

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New Name	Old Name	CPT Code	Service	
<b>INSERTION PERCUTANEOUS PEDICLE SCREW, POSTERIOR COLUMN, SCHEDULED WITH FUSION, SPINE, LUMBAR, ANTERIOR LATERAL OR OBLIQUE APPROACH</b>	<b>PERCUTANEOUS PEDICLE SCREWS SCHEDULED W DLIF</b>	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	Spine
		22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
<b>INSERTION, ARTIFICIAL URINARY SPHINCTER</b>	<b>IMPLANT ARTIFICIAL URINARY SPHINCTER</b>	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff	Urology
<b>INSERTION, BALLOON CATHETER, BREAST, FOR BRACHYTHERAPY</b>	<b>INSERTION BREAST MAMMOSITE CATHETER/CAVITY EVALUATION DEVICE</b>	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	General
		19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in a	
<b>INSERTION, BALLOON, INTRAGASTRIC, ENDOSCOPIC</b>	<b>ENDOSCOPIC INSERTION INTRAGASTRIC BALLOON WITH ANESTHESIA</b>	43999	Unlisted procedure, stomach	Bariatric
<b>INSERTION, BALLOON, SIROLIMUS ANGIOINFUSION</b>		Cardiac, Cardiovascular		
<b>INSERTION, BONE ANCHORED HEARING AID</b>		69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	ENT
		69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
		69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
<b>INSERTION, BRACHYTHERAPY DELIVERY DEVICE</b>	<b>INSERTION RADIUM/CESIUM APPLICATOR</b>	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Gynecology
		19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (list separately in a	
		19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance	
		20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	

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New Name	Old Name	CPT Code	Service	
<b>INSERTION, BRACHYTHERAPY DELIVERY DEVICE</b>	<b>INSERTION RADIUM/CESIUM APPLICATOR</b>	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Gynecology
		41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	
		55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	
		55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	
		57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	
		57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	
		67299	Unlisted procedure, posterior segment	
<b>INSERTION, CAPSULE, ESOPHAGUS, ENDOSCOPIC, FOR PH MONITORING</b>	<b>ESOPHAGOSCOPY GUIDED CAPSULE PLACEMENT FOR REFLUX TESTING</b>	91035	Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation	Colorectal, Gastroenterology
<b>INSERTION, CARDIAC ASSIST DEVICE, IMPELLA</b>	<b>INSERTION IMPELLA</b>	*33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>INSERTION, CARDIAC PACEMAKER, BIVENTRICULAR</b>	<b>INSERTION OF BIVENTRICULAR PACEMAKER</b>	33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Cardiac, Cardiac/Open Heart, Cardiovascular, Pacemakers
		33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	
		33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	
		33212	Insertion of pacemaker pulse generator only; with existing single lead	
		33213	Insertion of pacemaker pulse generator only; with existing dual leads	
		33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	
		33216	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217	Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33221	Insertion of pacemaker pulse generator only; with existing multiple leads	
<b>INSERTION, CARDIAC PACEMAKER, DUAL CHAMBER</b>	<b>IMPLANT PACEMAKER DUAL CHAMBER</b>	33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Cardiac, Cardiac/Open Heart, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>INSERTION, CARDIAC PACEMAKER, LEADLESS</b>	<b>INSERTION MICRA LEADLESS PPM</b>	33274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>INSERTION, CARDIAC PACEMAKER</b>	<b>IMPLANT PACEMAKER</b>	33206 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Cardiac, Cardiovascular
		33207 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	
		33208 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	
		33214 Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	
		33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33221 Insertion of pacemaker pulse generator only; with existing multiple leads	
<b>INSERTION, CARDIAC PACEMAKER</b>	<b>INSERTION PACEMAKER</b>	33206 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Cardiac/Open Heart, Pacemakers
		33207 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	
		33208 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	
		33214 Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	
		33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33221 Insertion of pacemaker pulse generator only; with existing multiple leads	
<b>INSERTION, CATHETER, CENTRAL VENOUS, DIALYSIS, WITHOUT PORT</b>	<b>INSERT CENTRAL VENOUS ACCESS DEVICE NONTUNNEL (MAHURKER)</b>	36555 Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	General
		36556 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	
		36557 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	
		36558 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	

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New Name	Old Name	CPT Code	Service
<b>INSERTION, CATHETER, CENTRAL VENOUS, DIALYSIS, WITHOUT PORT</b>	<b>INSERT CENTRAL VENOUS ACCESS DEVICE NONTUNNEL (MAHURKER)</b>	36565 Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	General
<b>INSERTION, CATHETER, EKOS</b>	<b>INSERTION EKOS</b>	37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day 76937 Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (Lis	Cardiac, Cardiovascular
<b>INSERTION, CATHETER, PE STUDY</b>			Cardiac, Cardiovascular
<b>INSERTION, CATHETER, TENCKHOFF</b>	<b>INSERTION PERITONEAL DIALYSIS CATHETER (TENCKHOFF)</b>	49418 Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological superv 49419 Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable) 49421 Insertion of tunneled intraperitoneal catheter for dialysis, open	General, Vascular
<b>INSERTION, CATHETER, WITH SUBCUTANEOUS PORT, PERITONEAL, LAPAROSCOPIC</b>	<b>INSERTION INTRAPERITONEAL PORTACATH LAPAROSCOPIC</b>	49324 Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter	Gynecology
<b>INSERTION, CATHETER, WITH SUBCUTANEOUS PORT, PERITONEAL</b>	<b>INSERTION INTRAPERITONEAL PORTACATH</b>	49419 Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)	Gynecology
<b>INSERTION, CENTRAL VENOUS ACCESS DEVICE, TUNNELED</b>	<b>INSERT CENTRAL VENOUS ACCESS DEVICE TUNNEL</b>	36557 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age 36558 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older 36560 Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age 36561 Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older 36563 Insertion of tunneled centrally inserted central venous access device with subcutaneous pump 36565 Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter) 36566 Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	Cardiac/Open Heart, General, Thoracic
<b>INSERTION, DENTAL PROSTHESIS</b>	<b>IMPLANT DENTAL TOOTH</b>	41899 Unlisted procedure, dentoalveolar structures	Dental Surgery



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New Name	Old Name	CPT Code	Service
<b>INSERTION, ELECTRODE LEAD AND PULSE GENERATOR, NEUROSTIMULATOR, SACRAL</b>	<b>INSERTION GU INTERSTIM GENERATOR AND LEAD</b>	64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Urology
		64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
		64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
<b>INSERTION, ELECTRODE LEAD, CARDIAC PACEMAKER, LEFT THORACIC APPROACH</b>	<b>THORACOSCOPY WITH INSERTION PACEMAKER LEAD LEFT</b>	*33203 Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Thoracic
<b>INSERTION, ELECTRODE LEAD, CARDIAC PACEMAKER</b>	<b>INSERT LEAD PACEMAKER</b>	*33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Cardiac, Cardiac/Open Heart, Cardiovascular
		*33203 Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	
		33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	
		33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	
		33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin	
		33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	
<b>INSERTION, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>INSERT LEAD ICD</b>	33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Cardiac, Cardiac/Open Heart, Cardiovascular
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33271 Insertion of subcutaneous implantable defibrillator electrode	
<b>INSERTION, ELECTRODE LEAD, NEUROSTIMULATOR, SACRUM, COLON INTERSTIM</b>	<b>INSERTION COLO INTERSTIM LEAD (NO GENERATOR)</b>	64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Colorectal
		64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
<b>INSERTION, ELECTRODE LEAD, NEUROSTIMULATOR, SACRUM, UROLOGY INTERSTIM</b>	<b>INSERTION GU INTERSTIM LEAD (NO GENERATOR)</b>	64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Urology
		64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	

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New Name	Old Name	CPT Code	Service
<b>INSERTION, ELECTRODE LEAD, SPINAL CORD STIMULATOR, PERCUTANEOUS, FOR TRIAL</b>	<b>PERCUTANEOUS SPINAL CORD STIMULATION STIMULATOR LEAD INSERTION - TRIAL</b>	63650 Percutaneous implantation of neurostimulator electrode array, epidural	Pain Management
<b>INSERTION, EPICARDIAL ELECTRODE LEAD, THORACOTOMY APPROACH</b>	<b>THORACOTOMY W PLACEMENT OF EPICARDIAL LEAD CARDIAC</b>	*33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Cardiac/Open Heart
<b>INSERTION, FILTER, INFERIOR VENA CAVA, FEMORAL VEIN APPROACH</b>	<b>INSERTION GREENFIELD FILTER FEMORAL</b>	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Vascular
<b>INSERTION, FILTER, INFERIOR VENA CAVA</b>	<b>IMPLANT INFERIOR VENA CAVA FILTER</b>	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Cardiac, Cardiac/Open Heart
<b>INSERTION, FILTER, VENA CAVA, BY JUGULAR VEIN</b>	<b>INSERTION GREENFIELD FILTER JUGULAR</b>	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Vascular
<b>INSERTION, GOLD SEEDS, PROSTATE</b>	<b>IMPLANTATION GOLD SEEDS PROSTATE</b>	55876 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Urology
<b>INSERTION, GOLD WEIGHT, UPPER EYELID</b>	<b>IMPLANTATION OF GOLD WEIGHT EYELID</b>	67912 Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	Maxillofacial
<b>INSERTION, GREENFIELD FILTER, VENA CAVA, PERCUTANEOUS</b>	<b>INSERTION GREENFIELD FILTER PERCUTANEOUS</b>	37191 Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Vascular
<b>INSERTION, IMPLANT, BREAST</b>	<b>INSERTION BREAST IMPLANT</b>	19325 Breast augmentation with implant 19340 Insertion of breast implant on same day of mastectomy (ie, immediate) 19342 Insertion or replacement of breast implant on separate day from mastectomy	Aesthetics, Plastics
<b>INSERTION, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) SYSTEM, TOTAL</b>	<b>IMPLANT ICD</b>	33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber 33270 Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or	Cardiac, Cardiac/Open Heart, Cardiovascular
<b>INSERTION, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), BIVENTRICULAR</b>	<b>IMPLANT ICD BI VENTRICULAR</b>	33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin	Cardiac, Cardiac/Open Heart, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>INSERTION, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), BIVENTRICULAR</b>	<b>IMPLANT ICD BI VENTRICULAR</b>	33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	Cardiac, Cardiac/Open Heart, Cardiovascular
		33230 Insertion of implantable defibrillator pulse generator only; with existing dual leads	
		33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	
<b>INSERTION, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), BIVENTRICULAR</b>	<b>INSERTION BIVENTRICULAR CARDIOVERTER DEFIBRILLATOR</b>	33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin	Pacemakers
		33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	
		33230 Insertion of implantable defibrillator pulse generator only; with existing dual leads	
		33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	
<b>INSERTION, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), DUAL CHAMBER</b>	<b>IMPLANT ICD DC</b>	33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	Cardiac, Cardiovascular, Pacemakers
<b>INSERTION, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>INSERTION IMPLANTABLE CARDIOVERTER DEFIBRILLATOR</b>	33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	Pacemakers
		33270 Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or	
<b>INSERTION, IMPLANTABLE LOOP RECORDER (MINOR ROOM)</b>		33285 Insertion, subcutaneous cardiac rhythm monitor, including programming	Cardiac, Cardiovascular, Pacemakers
<b>INSERTION, IMPLANTABLE LOOP RECORDER, WITH INTRAOPERATIVE CARDIOVERSION</b>	<b>IMPLANT LOOP RECORDER WITH INTRAOPERATIVE CARDIOVERSION</b>	33285 Insertion, subcutaneous cardiac rhythm monitor, including programming	Cardiac, Pacemakers
		92960 Cardioversion, elective, electrical conversion of arrhythmia; external	
		92961 Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	
<b>INSERTION, IMPLANTABLE LOOP RECORDER</b>	<b>IMPLANT LOOP RECORDER</b>	33285 Insertion, subcutaneous cardiac rhythm monitor, including programming	Cardiac, Cardiovascular, Pacemakers
<b>INSERTION, INTRA-AORTIC BALLOON PUMP</b>	<b>IABP INSERTION</b>	*33967 Insertion of intra-aortic balloon assist device, percutaneous	Cardiac, Cardiovascular

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<b>INSERTION, INTRA-AORTIC BALLOON PUMP</b>	<b>IABP INSERTION</b>	*33970 Insertion of intra-aortic balloon assist device through the femoral artery, open approach	Cardiac, Cardiovascular
		*33973 Insertion of intra-aortic balloon assist device through the ascending aorta	
<b>INSERTION, INTRA-AORTIC BALLOON PUMP</b>	<b>INSERTION INTRA-AORTIC BALLOON</b>	*33967 Insertion of intra-aortic balloon assist device, percutaneous	Cardiac, Cardiovascular, Cardiac/Open Heart
		*33970 Insertion of intra-aortic balloon assist device through the femoral artery, open approach	
		*33973 Insertion of intra-aortic balloon assist device through the ascending aorta	
<b>INSERTION, INTRAMEDULLARY ROD, FEMUR</b>	<b>RODDING FEMUR INTRAMEDULLARY</b>	27245 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	Orthopedics
		27506 Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	
<b>INSERTION, INTRAMEDULLARY ROD, HUMERUS</b>	<b>RODDING HUMERUS INTRAMEDULLARY</b>	23491 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	Orthopedics
		24498 Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	
		24516 Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	
<b>INSERTION, INTRAMEDULLARY ROD, TIBIA</b>	<b>RODDING TIBIA INTRAMEDULLARY</b>	27745 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia	Orthopedics
		27759 Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage	
<b>INSERTION, MITRACLIP, TRANSCATHETER</b>	<b>MITRACLIP PROCEDURE</b>	*33418 Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	Cardiac, Cardiovascular
<b>INSERTION, MORPHINE PUMP</b>	<b>INSERTION OF MORPHINE PUMP</b>	62360 Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	Pain Management
		62361 Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	
		62362 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	
<b>INSERTION, NEUROSTIMULATOR, SACRAL</b>		64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Colorectal
		64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
		64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
<b>INSERTION, ORBITAL IMPLANT</b>	<b>INSERTION ORBITAL IMPLANT</b>	67550 Orbital implant (implant outside muscle cone); insertion	Maxillofacial

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New Name	Old Name	CPT Code	Service
<b>INSERTION, PEDICLE SCREWS, PERCUTANEOUS</b>		22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	Spine
<b>INSERTION, PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE, IN NON-ENDOSCOPY UNIT SETTING</b>	<b>PERCUTANEOUS ENDOGASTROSTOMY TUBE ROAD TRIP W ANESTHESIA</b>		Gastroenterology
<b>INSERTION, PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE</b>	<b>PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE PLACEMENT</b>	43246 Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Gastroenterology
<b>INSERTION, PERCUTANEOUS ENDOSCOPIC JEJUNOSTOMY (PEJ) TUBE</b>	<b>PERCUTANEOUS ENDOSCOPIC JEJUNOSTOMY FEEDING TUBE INSERTION WITH ANESTHESIA</b>	44372 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	Gastroenterology
<b>INSERTION, PERMANENT ELECTRODE LEAD AND PULSE GENERATOR, SPINAL CORD STIMULATOR, PERCUTANEOUS</b>	<b>PERCUTANEOUS SPINAL CORD STIMULATOR PULSE GENERATOR AND ELECTRODES PERMANENT IMPLANTATION</b>	63650 Percutaneous implantation of neurostimulator electrode array, epidural 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Pain Management
<b>INSERTION, PLEURX CATHETER SYSTEM, PLEURAL CAVITY</b>	<b>INSERTION PLEURX CATHETER</b>	32550 Insertion of indwelling tunneled pleural catheter with cuff	Cardiac/Open Heart, Thoracic
<b>INSERTION, PULSE GENERATOR, NEUROSTIMULATOR, OCCIPITAL</b>	<b>INSERTION OCCIPITAL NERVE STIMULATOR WITH GENERATOR</b>	61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Pain Management
<b>INSERTION, RADIOACTIVE SEEDS, PROSTATE, PERINEAL APPROACH, WITH ULTRASOUND GUIDANCE, WITH CYSTOSCOPY IF INDICATED</b>	<b>SEED IMPLANT TRANSPERINEAL US GUIDE POSS CYSTOSCOPY</b>	55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Urology
<b>INSERTION, RETRACTION IMPLANT, PROSTATE, CYSTOSCOPIC, TRANSURETHRAL, FOR PROSTATIC URETHRAL LIFT</b>	<b>PROSTATIC URETHRAL LIFT</b>	52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Urology
<b>INSERTION, SHUNT, VENTRICULOPERITONEAL, LAPAROSCOPIC</b>	<b>INSERT VENTRICULAR PERITONEAL SHUNT LAPAROSCOPY (MEDTRONIC)</b>	49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum *62223 Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	Neurosurgery
<b>INSERTION, SHUNT, VENTRICULOPERITONEAL</b>	<b>INSERTION VENTRICULAR PERITONEAL SHUNT (MEDTRONIC)</b>	*62223 Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	Neurosurgery
<b>INSERTION, SMIT SLEEVE</b>	<b>INSERTION SMITT RADIATION SLEEVE</b>	57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Gynecology
<b>INSERTION, SPINAL CORD STIMULATOR, STAGE 2</b>	<b>SPINAL CORD STIMULATION STAGE 2</b>	63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Pain Management
<b>INSERTION, STENT, ARTERY, CAROTID, CAROTID ARTERY APPROACH</b>	<b>INSERTION CAROTID ARTERY STENT CAROTID APPROACH</b>	*37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection 37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection *37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and	Vascular

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New Name	Old Name	CPT Code	Service
<b>INSERTION, STENT, ARTERY, CAROTID, CAROTID ARTERY APPROACH</b>	<b>INSERTION CAROTID ARTERY STENT CAROTID APPROACH</b>	*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Vascular
<b>INSERTION, STENT, ARTERY, CAROTID, FEMORAL ARTERY APPROACH</b>	<b>INSERTION CAROTID ARTERY STENT FEMORAL APPROACH</b>	*37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Vascular
		37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	
		*37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and	
		*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	
<b>INSERTION, STENT, ARTERY, CAROTID</b>	<b>STENT CAROTID</b>	*37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	Cardiac, Cardiovascular
		37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection	
		*37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and	
		*37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	
<b>INSERTION, STENT, ARTERY, RENAL</b>	<b>STENT RENAL</b>	37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	Cardiac, Cardiovascular
<b>INSERTION, STENT, BARE METAL</b>	<b>INSERTION BARE METAL STENT</b>	37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Cardiac, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>INSERTION, STENT, BARE METAL</b>	<b>INSERTION BARE METAL STENT</b>	37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Cardiac, Cardiovascular
		37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	
		37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p	
		37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	
		37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	
		92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	
		92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	
		92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vesse	
		*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	
		92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	
<b>INSERTION, STENT, DRUG ELUTING</b>	<b>INSERTION DRUG ELUDING STENT</b>	92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Cardiac, Cardiovascular
		92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	

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New Name	Old Name	CPT Code	Service
<b>INSERTION, STENT, DRUG ELUTING</b>	<b>INSERTION DRUG ELUDING STENT</b>	92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Cardiac, Cardiovascular
		*92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th	
		92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	
<b>INSERTION, STENT, PERIPHERAL BLOOD VESSEL</b>	<b>STENT PERIPHERAL VASCULAR</b>	37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	Cardiac, Cardiovascular
		37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima	
		37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	
		37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	
		37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p	
		37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	
		37237 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super	
		37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	



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New Name	Old Name	CPT Code	Service
<b>INSERTION, STENT, PERIPHERAL BLOOD VESSEL</b>	<b>STENT PERIPHERAL VASCULAR</b>	37239 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (list separately in addition to code f	Cardiac, Cardiovascular
<b>INSERTION, STIMULATOR, UPPER AIRWAY</b>		64568 Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	ENT
<b>INSERTION, SUBURETHRAL SLING, WITH CYSTOSCOPY</b>	<b>INSERTION SUBURETHRAL SLING W CYSTOSCOPY</b>	51992 Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	Gynecology, Urology
		52000 Cystourethroscopy (separate procedure)	
		53440 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	
		57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic)	
		57288 Sling operation for stress incontinence (eg, fascia or synthetic)	
<b>INSERTION, TEMPORARY CARDIAC PACEMAKER</b>	<b>INSERTION TEMPORARY PACEMAKER</b>	33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	Cardiac, Cardiovascular
		33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	
<b>INSERTION, TISSUE EXPANDER</b>	<b>INSERTION TISSUE EXPANDER</b>	11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion	Plastics
		19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
<b>INSERTION, TRANSTRACHEAL OXYGEN CATHETER</b>	<b>INSERTION TRANSTRACHEAL O2 CATHETER</b>	31730 Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	Thoracic
<b>INSERTION, VASCULAR CLOSURE DEVICE</b>	<b>VASCULAR CLOSURE</b>	37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous ma	Cardiac, Cardiovascular
		37242 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquire	
		37243 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction	
		37244 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	
<b>INSTRUMENTATION, LUMBAR, POSTERIOR COLUMN, SCHEDULED WITH FUSION, SPINE, LUMBAR, ANTERIOR APPROACH</b>	<b>LUMBAR POSTERIOR FUSION SCHEDULED WITH ALIF</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine

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New Name	Old Name	CPT Code	Service
<b>INSTRUMENTATION, LUMBAR, POSTERIOR COLUMN, SCHEDULED WITH FUSION, SPINE, LUMBAR, ANTERIOR APPROACH</b>	<b>LUMBAR POSTERIOR FUSION SCHEDULED WITH ALIF</b>	22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Spine
		22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	
		22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
		22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)	
		22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)	
<b>INSTRUMENTATION, LUMBAR, POSTERIOR COLUMN, SCHEDULED WITH FUSION, SPINE, LUMBAR, DIRECT LATERAL APPROACH</b>	<b>LUMBAR POSTERIOR FUSION SCHEDULED WITH DLIF</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Spine
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
		22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary proced	
		22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
<b>INTRAVASCULAR ULTRASOUND, CORONARY</b>	<b>INTRAVASCULAR ULTRASOUND CORONARY</b>	92978 Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vess	Cardiac, Cardiovascular
<b>INTRAVASCULAR ULTRASOUND, CORONARY</b>	<b>ULTRASOUND - CORONARY</b>	92978 Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vess	Cardiac, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>INTRAVASCULAR ULTRASOUND, NON-CORONARY</b>	<b>INTRAVASCULAR ULTRASOUND NON-CORONARY</b>	37252 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (list separately in addition to code for primary procedure)	Cardiac, Cardiovascular
		37253 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (list separately in addition to code for primary procedur	
<b>IRRIGATION AND DEBRIDEMENT, AFTER ANTERIOR TOTAL HIP ARTHROPLASTY</b>		11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Orthopedics
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
<b>IRRIGATION AND DEBRIDEMENT, AFTER TOTAL HIP ARTHROPLASTY</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST TOTAL HIP</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Orthopedics
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
<b>IRRIGATION AND DEBRIDEMENT, AFTER TOTAL KNEE ARTHROPLASTY</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST TOTAL KNEE</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Orthopedics
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
<b>IRRIGATION AND DEBRIDEMENT, AFTER TOTAL SHOULDER ARTHROPLASTY</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST TOTAL SHOULDER</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Orthopedics
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
<b>IRRIGATION AND DEBRIDEMENT, FOOT</b>		11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Neurosurgery, Orthopedics, Podiatry
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	

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New Name	Old Name	CPT Code	Service
<b>IRRIGATION AND DEBRIDEMENT, FOOT</b>		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Neurosurgery, Orthopedics, Podiatry
<b>IRRIGATION AND DEBRIDEMENT, HAND</b>	<b>IRRIGATION AND DEBRIDEMENT OF HAND/FINGER</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Neurosurgery, Orthopedics
<b>IRRIGATION AND DEBRIDEMENT, LOWER EXTREMITY</b>	<b>IRRIGATION AND DEBRIDEMENT OF LEG</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Neurosurgery, Orthopedics
<b>IRRIGATION AND DEBRIDEMENT, PREVIOUS POSTERIOR LUMBAR SPINE PROCEDURE SITE</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST LUMBAR SURGERY</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Spine
<b>IRRIGATION AND DEBRIDEMENT, TOE</b>		11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Neurosurgery, Orthopedics, Podiatry
<b>IRRIGATION AND DEBRIDEMENT, UPPER EXTREMITY</b>	<b>IRRIGATION AND DEBRIDEMENT OF ARM</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less 11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Neurosurgery, Orthopedics
<b>IRRIGATION AND DEBRIDEMENT, WOUND, AFTER CERVICAL SPINE PROCEDURE BY ANTERIOR APPROACH</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST ANTERIOR CERVICAL SURGERY</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less 11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	Spine

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New Name	Old Name	CPT Code	Service
<b>IRRIGATION AND DEBRIDEMENT, WOUND, AFTER CERVICAL SPINE PROCEDURE BY ANTERIOR APPROACH</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST ANTERIOR CERVICAL SURGERY</b>	11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	Spine
		97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
<b>IRRIGATION AND DEBRIDEMENT, WOUND, AFTER CERVICAL SPINE PROCEDURE BY POSTERIOR APPROACH</b>	<b>IRRIGATION AND DEBRIDEMENT STATUS POST POSTERIOR CERVICAL SURGERY</b>	11042 Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	Spine
		11043 Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
		11044 Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
		97597 Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
<b>KTP LASER</b>			ENT, General
<b>KYPHOPLASTY</b>	<b>KYPHOPLASTY</b>	0200T Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Spine
		22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
<b>LABIAPLASTY, VULVA</b>	<b>LABIOPLASTY</b>	56620 Vulvectomy simple; partial	Plastics
<b>LABOR &amp; DELIVERY MISCELLANEOUS PROCEDURE</b>	<b>LABOR + DELIVERY MISCELLANEOUS PROCEDURE</b>	59409 Vaginal delivery only (with or without episiotomy and/or forceps);	Gynecology
		*59514 Cesarean delivery only;	
		59612 Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	
		*59620 Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, 1 LEVEL, WITH DISCECTOMY AND FUSION USING BONE GRAFT, WITH BONE MARROW ASPIRATION</b>	<b>DISCECTOMY DECOMPRESSIVE LAMINECTOMY FUSION WITH BONEGRAFT+ ASPIRATION 1</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, 1 LEVEL, WITH DISCECTOMY AND FUSION USING BONE GRAFT, WITH BONE MARROW ASPIRATION</b>	<b>DISCECTOMY DECOMPRESSIVE LAMINECTOMY FUSION WITH BONEGRAFT+ ASPIRATION 1</b>	22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Spine
		22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
		22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
		22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
		22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, 2 LEVELS, WITH DISCECTOMY AND FUSION USING BONE GRAFT, WITH BONE MARROW ASPIRATION</b>	<b>DISCECTOMY DECOMPRESSIVE LAMINECTOMY FUSION WITH BONEGRAFT+ ASPIRATION 2</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
		22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
		22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
		22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, 3 OR MORE LEVELS, WITH DISCECTOMY AND FUSION USING BONE GRAFT, WITH BONE MARROW ASPIRATION</b>	<b>DISCECTOMY DECOMPRESSIVE LAMINECTOMY FUSION WITH BONEGRAFT+ ASPIRATION 3</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, 3 OR MORE LEVELS, WITH DISCECTOMY AND FUSION USING BONE GRAFT, WITH BONE MARROW ASPIRATION</b>	<b>DISCECTOMY DECOMPRESSIVE LAMINECTOMY FUSION WITH BONEGRAFT+ ASPIRATION 3</b>	22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Spine
		22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
		22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
		22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
		22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 1</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
		63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
		63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	

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<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 1</b>	63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	Spine
		63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	
		63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	
		63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
		63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
		63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar	
		63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	



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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 1</b>	63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Spine
		63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	
		63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 2</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
		63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
		63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	
		63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	

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New Name	Old Name	CPT Code	Service	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 2</b>	63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Spine
		63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	
		63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
		63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
		63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar	
		63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 2</b>	63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Spine
		63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 3 OR MORE LEVELS, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 3+</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
		63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
		63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	
		63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	
		63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 3 OR MORE LEVELS, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 3+</b>	63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Spine
		63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
		63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
		63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar	
		63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
		63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, DECOMPRESSIVE, SPINE, THORACOLUMBAR, 3 OR MORE LEVELS, WITH DISCECTOMY</b>	<b>LUMBAR/THORACIC DISCECTOMY DECOMPRESSIVE LAMINECTOMY LEVEL 3+</b>	63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Spine
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
<b>LAMINECTOMY, FUSION, POSTERIOR COLUMN, SCHEDULED WITH FUSION AND DISCECTOMY, SPINE, ANTERIOR CERVICAL</b>	<b>POSTERIOR LAMINECTOMY FUSION SCHEDULED WITH ACDF</b>	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spine
		22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	
		22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for primary procedure)	
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
		22590 Arthrodesis, posterior technique, craniocervical (occiput-C2)	
		22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)	
		22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
		<b>LAMINECTOMY, SPINE, CERVICAL, 1 LEVEL, WITH POSTERIOR COLUMN FUSION</b>	
22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)			
22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment			
22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)			
22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)			
<b>LAMINECTOMY, SPINE, CERVICAL, 2 LEVELS, WITH POSTERIOR COLUMN FUSION</b>	<b>POSTERIOR LAMINECTOMY FUSION 2</b>	22590 Arthrodesis, posterior technique, craniocervical (occiput-C2)	Spine
		22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)	
		22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, CERVICAL, 2 LEVELS, WITH POSTERIOR COLUMN FUSION</b>	<b>POSTERIOR LAMINECTOMY FUSION 2</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
<b>LAMINECTOMY, SPINE, CERVICAL, 3 OR MORE LEVELS, WITH POSTERIOR COLUMN FUSION</b>	<b>POSTERIOR LAMINECTOMY FUSION 3</b>	22590 Arthrodesis, posterior technique, craniocervical (occiput-C2)	Spine
		22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)	
		22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	
		22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
<b>LAMINECTOMY, SPINE, CERVICAL, WITH PULSE GENERATOR AND SPINAL CORD STIMULATOR INSERTION</b>	<b>CERVICAL LAMINECTOMY INSERT SPINAL CORD STIMULATOR WITH GENERATOR</b>	63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Pain Management
		63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
<b>LAMINECTOMY, SPINE, THORACIC, WITH PULSE GENERATOR AND SPINAL CORD STIMULATOR INSERTION</b>	<b>THORACIC LAMINECTOMY INSERT SPINAL CORD STIMULATOR WITH GENERATOR</b>	63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Pain Management
		63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DECOMPRESSION AND FUSION</b>	<b>DECOMPRESSIVE LAMINECTOMY FUSION 1</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
		22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
		22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
		22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DECOMPRESSION AND FUSION</b>	<b>DECOMPRESSIVE LAMINECTOMY FUSION 1</b>	22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	Spine
		22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
		61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL1</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
		63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
		63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	
		63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	
		63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL1</b>	63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	Spine
		63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
		63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
		63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar	
		63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
		63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	



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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL1</b>	63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Spine
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL</b>	<b>LUMBAR/THORACIC LAMINECTOMY LEVEL 1</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
		63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
		63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	
		63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	
		63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	
		63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL</b>	<b>LUMBAR/THORACIC LAMINECTOMY LEVEL 1</b>	63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	Spine
		63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
		63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar	
		63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
		63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	
		63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	

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<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 1 LEVEL</b>	<b>LUMBAR/THORACIC LAMINECTOMY LEVEL 1</b>	63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	Spine
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DECOMPRESSION AND FUSION</b>	<b>DECOMPRESSIVE LAMINECTOMY FUSION 2</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
		22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
		22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
		22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
		22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	
		22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL2</b>	61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	Spine
		22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL2</b>	<p>22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance</p> <p>63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical</p> <p>63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic</p> <p>63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis</p> <p>63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral</p> <p>63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)</p> <p>63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical</p> <p>63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic</p> <p>63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar</p> <p>63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical</p> <p>63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar</p> <p>63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar</p>	Spine

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 LEVELS, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL2</b>	63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	Spine
		63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
		63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	
		63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 OR MORE LEVELS</b>	<b>LUMBAR/THORACIC LAMINECTOMY LEVEL 2+</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 OR MORE LEVELS</b>	<b>LUMBAR/THORACIC LAMINECTOMY LEVEL 2+</b>	<p>63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical</p> <p>63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic</p> <p>63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis</p> <p>63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral</p> <p>63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)</p> <p>63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical</p> <p>63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic</p> <p>63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar</p> <p>63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical</p> <p>63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar</p> <p>63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar</p> <p>63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical</p>	Spine

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 2 OR MORE LEVELS</b>	<b>LUMBAR/THORACIC LAMINECTOMY LEVEL 2+</b>	63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Spine
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	
		63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	
		63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
		<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 3 LEVELS, WITH DECOMPRESSION AND FUSION</b>	
22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)			
22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)			
22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar			
22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)			

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 3 LEVELS, WITH DECOMPRESSION AND FUSION</b>	<b>DECOMPRESSIVE LAMINECTOMY FUSION 3</b>	22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Spine
		22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	
		22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
		61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 3 OR MORE LEVELS, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL3+</b>	22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	Spine
		22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance	
		63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical	
		63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic	
		63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	
		63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral	



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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 3 OR MORE LEVELS, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL3+</b>	63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Spine
		63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical	
		63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic	
		63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	
		63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	
		63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	
		63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (list separately in addition to code for primar	
		63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical	
		63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	
		63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi	
		63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi	
		63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	

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New Name	Old Name	CPT Code	Service
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 3 OR MORE LEVELS, WITH DECOMPRESSION</b>	<b>LUMBAR/THORACIC DECOMPRESSIVE LAMINECTOMY LEVEL3+</b>	63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic	Spine
		63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	
		63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, 4 LEVELS, WITH DECOMPRESSION AND FUSION</b>	<b>DECOMPRESSIVE LAMINECTOMY FUSION 4</b>	22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)	Spine
		22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	
		22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
		22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	
		22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)	
		22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	
		22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa	
		22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)	
<b>LAMINECTOMY, SPINE, THORACOLUMBAR, WITH PULSE GENERATOR AND SPINAL CORD STIMULATOR INSERTION</b>	<b>THORACOLUMBAR LAMINECTOMY INSERT SPINAL CORD STIMULATOR WITH GENERATOR</b>	61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)	Pain Management
		63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
		63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	

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<b>LAMINOPLASTY, SPINE, CERVICAL</b>		*63050 Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	Spine
		*63051 Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-pl	
<b>LAPAROSCOPY, EXPLORATORY, WITH INTERNAL HERNIA REPAIR AND/OR LAPAROTOMY IF INDICATED</b>	<b>LAPAROSCOPIC EXPLORATORY POSS INTERNAL HERNIA REPAIR POSS OPEN</b>	*44050 Reduction of volvulus, intussusception, internal hernia, by laparotomy	Bariatric, General
		49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
<b>LAPAROSCOPY, WITH BURCH COLPOSUSPENSION</b>	<b>SUSPENSION BLADDER NECK/BURCH PROCEDURE LAPAROSCOPY</b>	51990 Laparoscopy, surgical; urethral suspension for stress incontinence	Gynecology
<b>LAPAROSCOPY, WITH HYSTEROSCOPY AND DILATION AND CURETTAGE OF UTERUS</b>	<b>HYSTEROSCOPY DILATATION CURETTAGE LAPAROSCOPY</b>	49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Gynecology
		58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	
<b>LAPAROSCOPY</b>	<b>LAPAROSCOPY</b>	49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Colorectal, General, Gynecology
<b>LAPAROTOMY, EXPLORATORY, WITH ENTEROSCOPY</b>		44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	General
		44376 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
		*49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	
<b>LAPAROTOMY, EXPLORATORY, WITH LYMPHADENECTOMY, FOR STAGING</b>	<b>LAPAROTOMY EXPLORATORY STAGING / LYMPHADENECTOMY</b>	*58960 Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aorti	Gynecology
<b>LAPAROTOMY, EXPLORATORY, WITH SMALL INTESTINE RESECTION, IF INDICATED</b>	<b>LAPAROTOMY EXPL OP ENTEROSCOPE POSS SM. BOWEL RESECT</b>	*44120 Enterectomy, resection of small intestine; single resection and anastomosis	General
		*44121 Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	
		*44125 Enterectomy, resection of small intestine; with enterostomy	
		*44126 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	

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<b>LAPAROTOMY, EXPLORATORY, WITH SMALL INTESTINE RESECTION, IF INDICATED</b>	<b>LAPAROTOMY EXPL OP ENTEROSCOPE POSS SM. BOWEL RESECT</b>	*44127 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	General
		*44128 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	
<b>LAPAROTOMY, EXPLORATORY</b>	<b>LAPAROTOMY EXPLORATORY</b>	*49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	Colorectal, General, Gynecology
<b>LAPAROTOMY, FOR LYSIS OF ADHESIONS</b>	<b>LYSIS OF ADHESIONS OPEN</b>	*44005 Enterolysis (freeing of intestinal adhesion) (separate procedure)	General
		*58740 Lysis of adhesions (salpingolysis, ovariolysis)	
<b>LAPAROTOMY, WITH BLEEDING DUODENAL ULCER OVERSEWING</b>		*43501 Gastrotomy; with suture repair of bleeding ulcer	General
<b>LAPAROTOMY, WITH BLEEDING GASTRIC ULCER OVERSEWING</b>		*43501 Gastrotomy; with suture repair of bleeding ulcer	General
<b>LAPAROTOMY, WITH HYSTERECTOMY IF INDICATED, WITH SALPINGECTOMY AND OOPHORECTOMY IF INDICATED</b>	<b>LAPAROTOMY POSSIBLE HYSTERECTOMY ABDOMINAL TUBES OVARIES</b>	*49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)	Gynecology
		*58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	
		*58180 Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	
		58262 Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	
		58291 Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
<b>LARYNGOSCOPY, USING CO2 LASER</b>	<b>LARYNGOSCOPY W CO2 LASER</b>	31540 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	ENT
		31541 Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	
		31572 Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral	
<b>LARYNGOSCOPY, WITH FOREIGN BODY REMOVAL</b>		31511 Laryngoscopy, indirect; with removal of foreign body	ENT
		31530 Laryngoscopy, direct, operative, with foreign body removal;	
		31577 Laryngoscopy, flexible; with removal of foreign body(s)	
<b>LARYNGOSCOPY</b>	<b>LARYNGOSCOPY</b>	31505 Laryngoscopy, indirect; diagnostic (separate procedure)	ENT
		31520 Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	
		31525 Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	
		31526 Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	
		31575 Laryngoscopy, flexible; diagnostic	
<b>LEFT HEART CATHETERIZATION WITH PERCUTANEOUS INTERVENTION WITH STENT WITH TRANSAORTIC VALVE REPLACEMENT</b>			Cardiac/Open Heart
<b>LEFT HEART CATHETERIZATION WITH PERCUTANEOUS INTERVENTION WITH STENT WITH TRANSPICAL AORTIC VALVE IMPLANT THORACIC</b>			Cardiac/Open Heart

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New Name	Old Name	CPT Code	Service
<b>LEFT HEART CATHETERIZATION WITH PERCUTANEOUS INTERVENTION WITH STENT WITH TRANSCATHETER AORTIC VALVE IMPLANT FEMORAL LIGATION, ARTERIOVENOS (AV) FISTULA OR ACCESS GRAFT, UPPER EXTREMITY</b>	<b>LIGATION AV FISTULA/ACCESS GRAFT UPPER EXTREMITY</b>	37607	Ligation or banding of angioaccess arteriovenous fistula Cardiac/Open Heart
<b>LIGATION, ARTERY, SPLENIC, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI, WITH OPEN SPLENECTOMY IF INDICATED</b>	<b>LIGATION SPLENIC ARTERY, POSS SPLENECTOMY, POSS OPEN W XI ROBOT</b>	37799	Unlisted procedure, vascular surgery General Robotics
		*38100	Splenectomy; total (separate procedure)
		*38101	Splenectomy; partial (separate procedure)
<b>LIGATION, VARICOSE VEIN, LOWER EXTREMITY, BILATERAL</b>	<b>LIGATION VARICOSE VEIN BILATERAL</b>	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg Vascular
<b>LIGATION, VARICOSE VEIN</b>	<b>LIGATION VARICOSE VEIN UNILATERAL</b>	37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg Vascular
<b>LIPOSUCTION, ABDOMEN</b>	<b>LIPOSUCTION ABDOMEN</b>	15877	Suction assisted lipectomy; trunk Aesthetics
<b>LIPOSUCTION, BACK</b>	<b>LIPOSUCTION BACK</b>	15877	Suction assisted lipectomy; trunk Aesthetics
<b>LIPOSUCTION, BREAST</b>	<b>LIPOSUCTION BREAST</b>	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate Aesthetics
		15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)
		15877	Suction assisted lipectomy; trunk
<b>LIPOSUCTION, BUTTOCK</b>	<b>LIPOSUCTION BUTTOCKS</b>	15877	Suction assisted lipectomy; trunk Aesthetics
<b>LIPOSUCTION, FACE AND NECK</b>	<b>LIPOSUCTION FACE / NECK</b>	15876	Suction assisted lipectomy; head and neck Aesthetics, Plastics
<b>LIPOSUCTION, HIP AND THIGH</b>	<b>LIPOSUCTION HIP / THIGH</b>	15877	Suction assisted lipectomy; trunk Aesthetics
		15879	Suction assisted lipectomy; lower extremity
<b>LIPOSUCTION, HIP</b>	<b>LIPOSUCTION HIP</b>	15879	Suction assisted lipectomy; lower extremity Aesthetics
<b>LIPOSUCTION, THIGH</b>	<b>LIPOSUCTION THIGH</b>	15879	Suction assisted lipectomy; lower extremity Aesthetics
<b>LIPOSUCTION, UPPER EXTREMITY</b>	<b>LIPOSUCTION ARM</b>	15878	Suction assisted lipectomy; upper extremity Aesthetics
<b>LITHOTRIPSY, BILATERAL, EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL), WITH FLUOROSCOPIC GUIDANCE</b>	<b>LITHOTRIPSY (EXTRACORPOREAL) BILATERALW FLUORO</b>	50590	Lithotripsy, extracorporeal shock wave Urology
<b>LITHOTRIPSY, EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL), WITH CYSTOSCOPY AND STENT INSERTION, WITH FLUOROSCOPIC GUIDANCE</b>	<b>LITHOTRIPSY(EXTRACORPOREAL)CYSTO STENT INSERT UNILAT -FLUORO</b>	50590	Lithotripsy, extracorporeal shock wave Urology
		52005	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
		52332	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
<b>LITHOTRIPSY, EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL), WITH CYSTOSCOPY AND STENT REMOVAL OR REPLACEMENT, WITH FLUOROSCOPIC GUIDANCE</b>	<b>LITHOTRIPSY(EXTRACORPOREAL)CYSTO STENT REMOVE/CHANGE-FLUORO</b>	50590	Lithotripsy, extracorporeal shock wave Urology
		52282	Cystourethroscopy, with insertion of permanent urethral stent
		52310	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple

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<b>LITHOTRIPSY, EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL), WITH CYSTOSCOPY AND STENT REMOVAL OR REPLACEMENT, WITH FLUOROSCOPIC GUIDANCE</b>	<b>LITHOTRIPSY(EXTRACORPOREAL)CYSTO STENT REMOVE/CHANGE-FLUORO</b>	52315 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	Urology
		52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)	
<b>LITHOTRIPSY, EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY (ESWL)</b>	<b>LITHOTRIPSY (EXTRACORPOREAL) UNILATERAL W FLUORO</b>	50590 Lithotripsy, extracorporeal shock wave	Urology
<b>LOBECTOMY, LUNG, ROBOT-ASSISTED, THORACOSCOPIC, USING XI</b>	<b>THORACOSCOPY LOBECTOMY W XI ROBOTICS</b>	*32663 Thoracoscopy, surgical; with lobectomy (single lobe)	Cardiac/Thoracic Robotics
<b>LOBECTOMY, LUNG, USING VIDEO ASSISTED THORACOSCOPIC SURGERY (VATS) IF INDICATED</b>	<b>THORACOSCOPY LOBECTOMY W POSSIBLE OPEN</b>	*32663 Thoracoscopy, surgical; with lobectomy (single lobe)	Thoracic
		*32670 Thoracoscopy, surgical; with removal of two lobes (bilobectomy)	
<b>LOOP ELECTROSURGICAL EXCISION PROCEDURE (LEEP), USING CO2 LASER</b>	<b>LOOP ELECTROSURGICAL EXCISION PROCEDURE W CO2 LASER</b>	57460 Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	Gynecology
		57522 Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	
<b>LOOP ELECTROSURGICAL EXCISION PROCEDURE (LEEP)</b>	<b>LOOP ELECTROSURGICAL EXCISION PROCEDURE</b>	57461 Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	Gynecology
		57522 Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	
<b>LUMBAR PUNCTURE</b>	<b>LUMBAR PUNCTURE</b>	62270 Spinal puncture, lumbar, diagnostic;	General, Neurology
		62328 Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	
<b>LUMPECTOMY, BREAST, AT SITE OF PRIOR LUMPECTOMY</b>		19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	General
<b>LUMPECTOMY, BREAST, WITH AXILLARY LYMPHADENECTOMY</b>	<b>BIOPSY/EXCISION BREAST MASS W AXILLARY NODE DISSECTION</b>	19302 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	General
<b>LUMPECTOMY, BREAST, WITH NEEDLE LOCALIZATION, WITH SENTINEL LYMPH NODE BIOPSY, WITH AXILLARY LYMPHADENECTOMY IF INDICATED</b>	<b>BIOPSY BREAST NEEDLE LOC SENTINEL NODE AXILLA POSS DISSECTION</b>	19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	General
		19302 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	
		38500 Biopsy or excision of lymph node(s); open, superficial	
		38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	
<b>LUMPECTOMY, BREAST, WITH NEEDLE LOCALIZATION</b>	<b>BIOPSY/EXCISION BREAST MASS W NEEDLE LOCALIZATION</b>	19281 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	General
		19283 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	
		19285 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance	

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<b>LUMPECTOMY, BREAST, WITH NEEDLE LOCALIZATION</b>	<b>BIOPSY/EXCISION BREAST MASS W NEEDLE LOCALIZATION</b>	19287 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance	General
		19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	
<b>LUMPECTOMY, BREAST, WITH SENTINEL LYMPH NODE BIOPSY, WITH AXILLARY LYMPHADENECTOMY IF INDICATED</b>	<b>BIOPSY BREAST EXC SENTINEL NODE AXILLA POS DISSECTWNM INJECT</b>	19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	General
		19302 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	
		38500 Biopsy or excision of lymph node(s); open, superficial	
		38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	
<b>LUMPECTOMY, BREAST</b>	<b>BIOPSY/EXCISION BREAST MASS</b>	19100 Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	General, Plastics
		19101 Biopsy of breast; open, incisional	
		19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	
<b>LYMPHADENECTOMY, AXILLARY, WITH VENOUS ACCESS PORT INSERTION</b>	<b>DISSECTION AXILLARY NODES WITH INSERT VENOUS ACCESS</b>	36561 Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	General
		36571 Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	
		38740 Axillary lymphadenectomy; superficial	
		38745 Axillary lymphadenectomy; complete	
<b>LYMPHADENECTOMY, AXILLARY</b>	<b>DISSECTION AXILLARY NODES</b>	38740 Axillary lymphadenectomy; superficial	General
		38745 Axillary lymphadenectomy; complete	
<b>LYMPHADENECTOMY, FOR STAGING OF NEOPLASM</b>	<b>LYMPHADENECTOMY STAGING</b>	38562 Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic	Gynecology
		*38564 Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	
<b>LYMPHADENECTOMY, INGUINAL REGION, LAPAROSCOPY-ASSISTED</b>	<b>DISSECTION GROIN LAPAROSCOPIC ASST</b>	38589 Unlisted laparoscopy procedure, lymphatic system	Gynecology
<b>LYMPHADENECTOMY, INGUINAL, RADICAL</b>	<b>DISSECTION GROIN LYMPH NODES RADICAL</b>	38760 Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure)	General, Gynecology
		*38765 Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)	
<b>LYMPHADENECTOMY, LAPAROSCOPIC, FOR NEOPLASM STAGING</b>	<b>LYMPHADENECTOMY/STAGING LAPAROSCOPY</b>	38589 Unlisted laparoscopy procedure, lymphatic system	Gynecology
<b>LYMPHADENECTOMY, LAPAROSCOPIC, WITH OMENTECTOMY, FOR NEOPLASM STAGING</b>	<b>LYMPHADENECTOMY OMENTECTOMY LAPAROSCOPY W STAGING</b>	38589 Unlisted laparoscopy procedure, lymphatic system	Gynecology
<b>LYMPHADENECTOMY, RETROPERITONEUM</b>	<b>DISSECTION RETROPERITONEAL NODES</b>	*38564 Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	General
		*38780 Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	
<b>LYSIS, ADHESIONS, LAPAROSCOPIC, WITH LAPAROTOMY IF INDICATED</b>	<b>LYSIS ADHESIONS LAPAROSCOPY POSS. LAPAROTOMY</b>	*44005 Enterolysis (freeing of intestinal adhesion) (separate procedure)	Colorectal, General, Gynecology
		44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)	

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<b>LYSIS, ADHESIONS, LAPAROSCOPIC, WITH LAPAROTOMY IF INDICATED</b>	<b>LYSIS ADHESIONS LAPAROSCOPY POSS. LAPAROTOMY</b>	58660 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Colorectal, General, Gynecology
<b>LYSIS, ADHESIONS, LAPAROSCOPIC, WITH SALPINGO-OOPHORECTOMY</b>	<b>SALPINGO OOPHORECTOMY LAPAROSCOPY(OPERATIVE)WLYSIS ADHESIONS</b>	58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Gynecology
<b>LYSIS, ADHESIONS, LAPAROSCOPIC</b>	<b>LYSIS ADHESIONS LAPAROSCOPY</b>	44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure) 58660 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	Colorectal, General, Gynecology
<b>LYSIS, ADHESIONS, VAGINA</b>	<b>LYSIS OF VAGINAL ADHESIONS</b>	56441 Lysis of labial adhesions	Gynecology
<b>MAMMOPLASTY, REDUCTION OR MASTECTOMY, BILATERAL, FOR GYNECOMASTIA</b>	<b>REDUCTION GYNECOMASTIA BILATERAL</b>	19300 Mastectomy for gynecomastia	Aesthetics, General, Plastics
<b>MAMMOPLASTY, REDUCTION, BILATERAL, USING CO2 LASER</b>	<b>REDUCTION BREAST W CO2 LASER BILATERAL</b>	19318 Breast reduction	Plastics
<b>MAMMOPLASTY, REDUCTION, BILATERAL</b>	<b>REDUCTION BREAST BILATERAL</b>	19318 Breast reduction	Aesthetics, Plastics
<b>MAMMOPLASTY, REDUCTION, UNILATERAL</b>	<b>REDUCTION BREAST UNILATERAL</b>	19318 Breast reduction	Plastics
<b>MANDIBULECTOMY</b>	<b>MANDIBULECTOMY</b>	21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible 21040 Excision of benign tumor or cyst of mandible, by enucleation and/or curettage 21044 Excision of malignant tumor of mandible; 21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s]) 21047 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])	Dental Surgery, ENT
<b>MANIPULATION</b>	<b>MANIPULATION UNDER ANESTHESIA ORTHOPEDIC</b>	21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care) 22505 Manipulation of spine requiring anesthesia, any region 23700 Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) 24300 Manipulation, elbow, under anesthesia 25259 Manipulation, wrist, under anesthesia 26340 Manipulation, finger joint, under anesthesia, each joint 27275 Manipulation, hip joint, requiring general anesthesia 27860 Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	Orthopedics
<b>MAPPING, PROSTATE, FOR BRACHYTHERAPY</b>	<b>MAPPING FOR PROSTATIC SEEDING</b>	76873 Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Urology
<b>MARSUPIALIZATION, BARTHOLIN'S GLAND</b>	<b>MARSUPILIZATION OF BARTHOLIN GLAND</b>	56440 Marsupialization of Bartholin's gland cyst	Gynecology
<b>MASTECTOMY, BILATERAL, MODIFIED RADICAL</b>		19307 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	General
<b>MASTECTOMY, BILATERAL, SIMPLE OR PARTIAL</b>	<b>MASTECTOMY SIMPLE BILATERAL</b>	19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); 19303 Mastectomy, simple, complete 38500 Biopsy or excision of lymph node(s); open, superficial	General



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<b>MASTECTOMY, BILATERAL, SIMPLE OR PARTIAL</b>	<b>MASTECTOMY SIMPLE BILATERAL</b>	38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	General
<b>MASTECTOMY, BILATERAL, SIMPLE, WITH BILATERAL SCINTIGRAPHIC LOCALIZATION AND SENTINEL LYMPH NODE EXCISION</b>	<b>MASTECTOMY SIMPLE W EXCISE SENTINEL NODE AXILLA W NM IINJECT BILATERAL</b>	19303 Mastectomy, simple, complete	General
		38500 Biopsy or excision of lymph node(s); open, superficial	
		38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	
		78195 Lymphatics and lymph nodes imaging	
<b>MASTECTOMY, MODIFIED RADICAL</b>	<b>MASTECTOMY RADICAL MODIFIED</b>	19307 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	General
<b>MASTECTOMY, SIMPLE OR PARTIAL</b>	<b>MASTECTOMY SIMPLE</b>	19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	Aesthetics, General, Plastics
		19303 Mastectomy, simple, complete	
		38500 Biopsy or excision of lymph node(s); open, superficial	
		38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	
<b>MASTECTOMY, UNILATERAL, SIMPLE, WITH SCINTIGRAPHIC LOCALIZATION AND SENTINEL LYMPH NODE EXCISION</b>	<b>MASTECTOMY SIMPLE W EXCISE SENTINEL NODE AXILLA W NM INJECT</b>	19303 Mastectomy, simple, complete	General
		38500 Biopsy or excision of lymph node(s); open, superficial	
		38525 Biopsy or excision of lymph node(s); open, deep axillary node(s)	
		78195 Lymphatics and lymph nodes imaging	
<b>MASTOIDECTOMY</b>		69501 Transmastoid antrotomy (simple mastoidectomy)	ENT
		69502 Mastoidectomy; complete	
		69505 Mastoidectomy; modified radical	
		69511 Mastoidectomy; radical	
<b>MASTOPEXY</b>	<b>MASTOPEXY</b>	19316 Mastopexy	Aesthetics, Plastics
<b>MAZE PROCEDURE, MINIMALLY INVASIVE, USING CRYOABLATION, WITH TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>THORACOTOMY RIGHT W CRYOABLATION W TRANSESOPHAGEAL ECHO</b>	*33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Cardiac/Open Heart
		*33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	
		93355 Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap	
<b>MAZE PROCEDURE, MINIMALLY INVASIVE, WITH TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>THORACOTOMY MINI MAZE BILATERAL W RADIOFREQUENCY ABLATION W TRANSESOPHAGEAL ECHO</b>	*33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Cardiac/Open Heart
		*33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	
		93355 Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap	

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<b>MEASUREMENT, FRACTIONAL FLOW RESERVE, BLOOD VESSEL, CORONARY, AFTER INTERVENTION</b>	<b>INTERVENTIONAL FLOW RESERVE CORONARY</b>	93571 Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary pro	Cardiac, Cardiovascular
<b>MEASUREMENT, MYOCARDIAL FRACTIONAL FLOW RESERVE</b>	<b>INTERVENTIONAL FLOW RESERVE MYOCARDIUM</b>	93571 Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary pro  93572 Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for pri	Cardiac, Cardiovascular
<b>MEATOTOMY, URETHRA</b>	<b>MEATOTOMY URETHRAL</b>	52285 Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration  53020 Meatotomy, cutting of meatus (separate procedure); except infant  53025 Meatotomy, cutting of meatus (separate procedure); infant	Urology
<b>MEDIAN STERNOTOMY, COMPOSITE GRAFT</b>		*39010 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	Cardiac/Open Heart
<b>MEDIAN STERNOTOMY, WITH ATRIAL MYXOMA EXCISION</b>	<b>MEDIANSTERNOTOMY EXCISION ATRIAL MYXOMA</b>	*33120 Excision of intracardiac tumor, resection with cardiopulmonary bypass	Cardiac/Open Heart
<b>MEDIAN STERNOTOMY, WITH THYMECTOMY</b>	<b>THYMECTOMY MEDIAN STERNOTOMY</b>	*60521 Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)  *60522 Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)	Thoracic
<b>MEDIAN STERNOTOMY, WITH THYMOMA EXCISION</b>	<b>STERNOTOMY MEDIAN W REMOVAL THYMOMA</b>	*39220 Resection of mediastinal tumor  *60521 Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	Thoracic
<b>MEDIAN STERNOTOMY, WITH TRANSMYOCARDIAL LASER REVASCULARIZATION AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>REVASCULARIZATION TRANSMYOCARDIAL WITH LASER MEDIANSTERNOTOMY+TRANSESOPHAGEAL ECHO</b>	*33140 Transmyocardial laser revascularization, by thoracotomy; (separate procedure)  93318 Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to t	Cardiac/Open Heart

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<b>MEDIAN STERNOTOMY, WITH TRANSMYOCARDIAL LASER REVASCULARIZATION AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>REVASCULARIZATION TRANSMYOCARDIAL WITH LASER MEDIATERNOTOMY+TRANSESOPHAEGEAL ECHO</b>	93355 Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap	Cardiac/Open Heart
<b>MEDIASTINOSCOPY, WITH BIOPSY</b>	<b>MEDIASTINOSCOPY W BIOPSY</b>	39401 Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed 39402 Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)	Thoracic
<b>MEDIASTINOTOMY, CHAMBERLAIN</b>	<b>CHAMBERLAIN PROCEDURE</b>	*39000 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach *39010 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	Thoracic
<b>MICRODISCECTOMY, SPINE, CERVICAL, 1 LEVEL, ANTERIOR APPROACH, WITH FUSION USING ILIAC BONE GRAFT</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION WITH ILIAC BONE GRAFT 1</b>	20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure) 20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure) 22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process 22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2 22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Spine
<b>MICRODISCECTOMY, SPINE, CERVICAL, 1 LEVEL, ANTERIOR APPROACH, WITH FUSION</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION PLATING LEVEL 1</b>	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process 22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2 22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Spine
<b>MICRODISCECTOMY, SPINE, CERVICAL, 2 LEVELS, ANTERIOR APPROACH, WITH FUSION USING ILIAC BONE GRAFT</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION WITH ILIAC BONE GRAFT 2</b>	20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure) 20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Spine

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<b>MICRODISCECTOMY, SPINE, CERVICAL, 2 LEVELS, ANTERIOR APPROACH, WITH FUSION USING ILIAC BONE GRAFT</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION WITH ILIAC BONE GRAFT 2</b>	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spine
		22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	
		22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for primary procedure)	
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
<b>MICRODISCECTOMY, SPINE, CERVICAL, 2 LEVELS, ANTERIOR APPROACH, WITH FUSION</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION PLATING LEVEL2</b>	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spine
		22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	
		22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for primary procedure)	
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
		22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
<b>MICRODISCECTOMY, SPINE, CERVICAL, 3 OR MORE LEVELS, ANTERIOR APPROACH, WITH FUSION USING ILIAC BONE GRAFT</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION WITH ILIAC BONE GRAFT 3</b>	20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	Spine
		20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)	
		22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	

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<b>MICRODISCECTOMY, SPINE, CERVICAL, 3 OR MORE LEVELS, ANTERIOR APPROACH, WITH FUSION USING ILIAC BONE GRAFT</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION WITH ILIAC BONE GRAFT 3</b>	22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Spine
		22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for primary procedure)	
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
<b>MICRODISCECTOMY, SPINE, CERVICAL, 3 OR MORE LEVELS, ANTERIOR APPROACH, WITH FUSION</b>	<b>ANTERIOR MICROCERVICAL DISCECTOMY FUSION PLATING LEVEL 3+</b>	22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Spine
		22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2	
		22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (list separately in addition to code for primary procedure)	
		22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	
		22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	
		22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	
<b>MICROLARYNGOSCOPY, DIRECT, WITH BIOPSY IF INDICATED</b>	<b>LARYNGOSCOPY MICRO DIRECT W BIOPSY/LARYNGOSCOPY MICRO DIRECT</b>	31535 Laryngoscopy, direct, operative, with biopsy;	ENT
		31536 Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	
<b>MICROLARYNGOSCOPY, DIRECT, WITH BIOPSY, USING CO2 LASER</b>	<b>LARYNGOSCOPY MICRO DIRECT BIOPSY W CO2 LASER</b>	31536 Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	ENT
<b>MICROLARYNGOSCOPY, DIRECT, WITH VOCAL CORD INJECTION</b>	<b>LARYNGOSCOPY MICRO DIRECT W VOCAL CORD INJECTION</b>	31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope	ENT
<b>MICROLARYNGOSCOPY, DIRECT, WITH VOCAL CORD POLYPECTOMY</b>	<b>LARYNGOSCOPY MICRO DIRECT W VOCAL CORD POLYPECTOMY</b>	31545 Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	ENT

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<b>MOBILIZATION, ESOPHAGUS, ROBOT-ASSISTED, USING XI, WITH PYLOROPLASTY, JEJUNOSTOMY, WITH ESOPHAGOGASTRECTOMY PROCEDURE</b>	<b>MOBILIZATION ESOPHAGEAL PYLOROPLASTY JEJUNOSTOMY XI ROBOTIC</b>	*43287 Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle a 44186 Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding) *44187 Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	General Robotics
<b>MOTILITY STUDY, ESOPHAGUS, USING MANOMETRY, WITH IMPEDANCE PH STUDY</b>	<b>EMS W PH PROBE AND IMPEDANCE STUDY</b>	91010 Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	Colorectal, Gastroenterology
<b>MOTILITY STUDY, ESOPHAGUS</b>	<b>ESOPHAGEAL MOTILITY STUDY</b>	91010 Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	Gastroenterology
<b>MYOMECTOMY, UTERUS, LAPAROSCOPIC</b>	<b>MYOMECTOMY (UTERINE) LAPAROSCOPY</b>	58545 Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas 58546 Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g 58674 Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Gynecology
<b>MYOMECTOMY, UTERUS, OPEN</b>	<b>MYOMECTOMY (UTERINE) OPEN</b>	*58140 Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach 58145 Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach *58146 Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	Gynecology
<b>MYOTOMY, ESOPHAGUS, CERVICAL APPROACH, FOR ZENKER'S DIVERTICULUM REPAIR</b>	<b>ESOPHAGEAL DIVERTICULUM/MYOTOMY/CERVICAL APPROACH (ZENKERS)</b>	43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach	ENT, Thoracic
<b>MYRINGOPLASTY, FAT PATCH</b>	<b>MYRINGOTOMY W FAT GRAFT</b>	69620 Myringoplasty (surgery confined to drumhead and donor area)	ENT
<b>MYRINGOTOMY, WITH TYMPANOSTOMY TUBE INSERTION</b>	<b>MYRINGOTOMY W TUBES</b>	69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia 69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	ENT
<b>MYRINGOTOMY, WITH TYMPANOSTOMY TUBE REMOVAL</b>	<b>MYRINGOTOMY W TUBE REMOVAL</b>	69420 Myringotomy including aspiration and/or eustachian tube inflation 69421 Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia 69424 Ventilating tube removal requiring general anesthesia	ENT
<b>MYRINGOTOMY</b>	<b>MYRINGOTOMY</b>	69420 Myringotomy including aspiration and/or eustachian tube inflation 69421 Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	ENT

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<b>NEPHRECTOMY, HAND-ASSISTED, LAPAROSCOPIC</b>	<b>NEPHRECTOMY HAND ASSISTED LAPAROSCOPY</b>	50543 Laparoscopy, surgical; partial nephrectomy	Urology
		*50546 Laparoscopy, surgical; nephrectomy, including partial ureterectomy	
		*50548 Laparoscopy, surgical; nephrectomy with total ureterectomy	
<b>NEPHRECTOMY, OPEN</b>	<b>NEPHRECTOMY OPEN</b>	*50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;	Urology
		*50225 Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	
		*50230 Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	
		*50234 Nephrectomy with total ureterectomy and bladder cuff; through same incision	
		*50236 Nephrectomy with total ureterectomy and bladder cuff; through separate incision	
		*50240 Nephrectomy, partial	
<b>NEPHRECTOMY, PARTIAL, LAPAROSCOPIC, RETROPERITONEAL APPROACH</b>		50543 Laparoscopy, surgical; partial nephrectomy	Urology
<b>NEPHRECTOMY, PARTIAL, OPEN</b>	<b>NEPHRECTOMY PARTIAL OPEN</b>	*50240 Nephrectomy, partial	Urology
<b>NEPHRECTOMY, PARTIAL, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>	<b>NEPHRECTOMY PARTIAL LAPAROSCOPY XI ROBOTIC</b>	50543 Laparoscopy, surgical; partial nephrectomy	Urology Robotics
<b>NEPHRECTOMY, RADICAL, HAND-ASSISTED, LAPAROSCOPIC</b>		*50545 Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	Urology
<b>NEPHRECTOMY, RADICAL, LAPAROSCOPIC, RETROPERITONEAL APPROACH</b>		*50545 Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	Urology
<b>NEPHRECTOMY, RADICAL, LAPAROSCOPIC, RETROPERITONEAL APPROACH, ROBOT-ASSISTED USING XI</b>		*50545 Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)	Urology Robotics
<b>NEPHRECTOMY, RADICAL, OPEN</b>	<b>NEPHRECTOMY RADICAL OPEN</b>	*50230 Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	Urology
<b>NEPHROLITHOTRIpsy, PERCUTANEOUS</b>	<b>NEPHROLITHOTRIpsy PERCUTANEOUS</b>	50080 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	Urology
		50081 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	
<b>NEPHROURETERECTOMY, LAPAROSCOPIC</b>	<b>NEPHROURETERECTOMY LAPAROSCOPY</b>	*50546 Laparoscopy, surgical; nephrectomy, including partial ureterectomy	Urology
		*50548 Laparoscopy, surgical; nephrectomy with total ureterectomy	
<b>NEPHROURETERECTOMY, OPEN</b>	<b>NEPHROURETERECTOMY OPEN</b>	*50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;	Urology
		*50225 Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney	

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<b>NEPHROURETERECTOMY, OPEN</b>	<b>NEPHROURETERECTOMY OPEN</b>	*50230 Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy	Urology
		*50234 Nephrectomy with total ureterectomy and bladder cuff; through same incision	
		*50236 Nephrectomy with total ureterectomy and bladder cuff; through separate incision	
<b>NEPHROURETERECTOMY, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>	<b>NEPHROURETERECTOMY LAPAROSCOPIC ASSISTED W XI ROBOTICS</b>	*50546 Laparoscopy, surgical; nephrectomy, including partial ureterectomy	Urology Robotics
		*50548 Laparoscopy, surgical; nephrectomy with total ureterectomy	
<b>OMENECTOMY</b>	<b>OMENECTOMY</b>	49255 Omentectomy, epiploectomy, resection of omentum (separate procedure)	Gynecology
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, ACETABULUM</b>		27226 Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	Orthopedics
		27227 Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	
		27228 Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wit	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, ANKLE</b>	<b>OPEN REDUCTION INTERNAL FIXATION ANKLE</b>	27766 Open treatment of medial malleolus fracture, includes internal fixation, when performed	Orthopedics
		27769 Open treatment of posterior malleolus fracture, includes internal fixation, when performed	
		27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	
		27814 Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed	
		27822 Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip	
		27823 Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	
		27826 Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	
		27827 Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	
		27829 Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	
		28445 Open treatment of talus fracture, includes internal fixation, when performed	



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<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, BONE, ETHMOID OR NASAL</b>	<b>OPEN REDUCTION INTERNAL FIXATION NOSE/ETHMOID FRACTURE</b>	21330 Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	ENT
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, CLAVICLE</b>	<b>OPEN REDUCTION INTERNAL FIXATION CLAVICLE</b>	23515 Open treatment of clavicular fracture, includes internal fixation, when performed	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, ELBOW</b>	<b>OPEN REDUCTION INTERNAL FIXATION ELBOW</b>	24586 Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	Orthopedics
		24635 Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	
		24685 Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FACIAL BONE</b>	<b>OPEN REDUCTION INTERNAL FIXATION FACIAL FRACTURE</b>	21330 Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	Dental Surgery
		21365 Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	
		21422 Open treatment of palatal or maxillary fracture (LeFort I type);	
		21445 Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
		21462 Open treatment of mandibular fracture; with interdental fixation	
		21470 Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FEMUR, DISTAL, USING RETROGRADE INTRAMEDULLARY ROD</b>	<b>OPEN REDUCT INTERNAL FIX FEMURWDISTAL RETROGRADE ROD</b>	27506 Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FEMUR</b>	<b>OPEN REDUCTION INTERNAL FIXATION FEMUR</b>	27236 Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	Orthopedics
		27244 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	
		27248 Open treatment of greater trochanteric fracture, includes internal fixation, when performed	
		27269 Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	
		27507 Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	
		27511 Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	
		27513 Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	

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<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FEMUR</b>	<b>OPEN REDUCTION INTERNAL FIXATION FEMUR</b>	27514 Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FINGER</b>		26665 Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	Orthopedics
		26735 Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	
		26746 Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	
		26765 Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	
		26785 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FINGER, 2 OR MORE</b>	<b>OPEN REDUCTION INTERNAL FIXATION FINGERS MULTIPLE</b>	26665 Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	Orthopedics
		26685 Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	
		26715 Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	
		26735 Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	
		26746 Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	
		26765 Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	
		26785 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FOOT</b>	<b>OPEN REDUCTION INTERNAL FIXATION FOOT</b>	28415 Open treatment of calcaneal fracture, includes internal fixation, when performed;	Orthopedics, Podiatry
		28420 Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft)	
		28445 Open treatment of talus fracture, includes internal fixation, when performed	
		28465 Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each	
		28485 Open treatment of metatarsal fracture, includes internal fixation, when performed, each	
		28505 Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	
		28525 Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	

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<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, FOOT</b>	<b>OPEN REDUCTION INTERNAL FIXATION FOOT</b>	28531 Open treatment of sesamoid fracture, with or without internal fixation	Orthopedics, Podiatry
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, HAND</b>		25628 Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	Orthopedics
		25645 Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	
		26615 Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	
		26665 Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	
		26685 Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	
		26715 Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	
		26735 Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	
		26746 Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	
		26765 Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	
		26785 Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, HIP</b>	<b>OPEN REDUCTION INTERNAL FIXATION HIP (HIP NAILING)</b>	27226 Open treatment of posterior or anterior acetabular wall fracture, with internal fixation	Orthopedics
		27227 Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	
		27228 Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wit	
		27236 Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	
		27244 Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	
		27248 Open treatment of greater trochanteric fracture, includes internal fixation, when performed	
		27254 Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	

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New Name	Old Name	CPT Code	Service
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, HIP</b>	<b>OPEN REDUCTION INTERNAL FIXATION HIP (HIP NAILING)</b>	27258 Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	Orthopedics
		27259 Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	
		27269 Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, HUMERUS</b>	<b>OPEN REDUCTION INTERNAL FIXATION HUMERUS</b>	23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	Orthopedics
		23616 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	
		23630 Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	
		23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	
		24515 Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	
		24516 Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	
		24545 Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	
		24546 Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	
		24575 Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	
		24579 Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, MANDIBLE</b>	<b>OPEN REDUCTION INTERNAL FIXATION MANDIBLE</b>	21461 Open treatment of mandibular fracture; without interdental fixation	Dental Surgery
		21462 Open treatment of mandibular fracture; with interdental fixation	
		21465 Open treatment of mandibular condylar fracture	
		21470 Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, MAXILLA AND MANDIBLE, WITH MAXILLOMANDIBULAR FIXATION</b>	<b>OPEN REDUCTION INTERNAL FIXATION MANDIBLE MAXILLA + JAW WIRE</b>	21422 Open treatment of palatal or maxillary fracture (LeFort I type);	Dental Surgery, ENT

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New Name	Old Name	CPT Code	Service
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, MAXILLA AND MANDIBLE, WITH MAXILLOMANDIBULAR FIXATION</b>	<b>OPEN REDUCTION INTERNAL FIXATION MANDIBLE MAXILLA + JAW WIRE</b>	21462	Open treatment of mandibular fracture; with interdental fixation Dental Surgery, ENT
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, PATELLA</b>	<b>OPEN REDUCTION INTERNAL FIXATION PATELLA</b>	27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair Orthopedics
		27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, PELVIS</b>		27215	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed Orthopedics
		27217	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)
		27218	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
		27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation
		27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation
		27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wit
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, PHALANX, FINGER, OR CLOSED REDUCTION AND PERCUTANEOUS PINNING OF FINGER FRACTURE</b>	<b>PINNING PERCUTANEOUS POSS OPEN RED. INTERNAL FIX FINGER</b>	26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each Orthopedics
		26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each
		26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each
		26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each
		26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, RADIUS AND ULNA, DISTAL, BILATERAL</b>	<b>OPEN REDUCT INTERNAL FIXATION WRIST DISTAL RADIUS/ULNA</b>	25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation Orthopedics
		25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments
		25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments

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New Name	Old Name	CPT Code	Service
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, RADIUS AND ULNA, DISTAL, BILATERAL</b>	<b>OPEN REDUCT INTERNAL FIXATION WRIST DISTAL RADIUS/ULNA</b>	25652 Open treatment of ulnar styloid fracture	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, RADIUS AND ULNA</b>	<b>OPEN REDUCTION INTERNAL FIXATION RADIUS ULNA-FOREARM</b>	25575 Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, RADIUS, HEAD</b>	<b>OPEN REDUCTION INTERNAL FIXATION RADIAL HEAD</b>	24665 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; 24666 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, SCAPHOID BONE</b>	<b>OPEN REDUCTION INTERNAL FIXATION SCAPHOID WRIST</b>	25628 Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, SHOULDER</b>	<b>OPEN REDUCTION INTERNAL FIXATION SHOULDER</b>	23515 Open treatment of clavicular fracture, includes internal fixation, when performed 23550 Open treatment of acromioclavicular dislocation, acute or chronic; 23585 Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed 23615 Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; 23630 Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed 23670 Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed 23680 Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	Orthopedics
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, TIBIA, FIBULA, OR BOTH</b>	<b>OPEN REDUCTION INTERNAL FIXATION TIBIA/FIBULA</b>	27535 Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed 27536 Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation 27540 Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed 27758 Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage 27766 Open treatment of medial malleolus fracture, includes internal fixation, when performed 27769 Open treatment of posterior malleolus fracture, includes internal fixation, when performed 27784 Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed 27792 Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed 27823 Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip	Orthopedics

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New Name	Old Name	CPT Code	Service	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, TIBIA, FIBULA, OR BOTH</b>	<b>OPEN REDUCTION INTERNAL FIXATION TIBIA/FIBULA</b>	27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only	Orthopedics
		27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only	
		27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula	
		27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, TIBIA, PLATEAU</b>	<b>OPEN REDUCTION INTERNAL FIXATION TIBIAL PLATEAU</b>	27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	Orthopedics
		27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, TOE, 2 OR MORE</b>	<b>OPEN REDUCTION INTERNAL FIXATION TOE MULTIPLE</b>	28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	Orthopedics, Podiatry
		28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	
		28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	
		28675	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, TOE</b>	<b>OPEN REDUCTION INTERNAL FIXATION TOE</b>	28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed	Orthopedics, Podiatry
		28525	Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each	
		28645	Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, WRIST, WITH EXTERNAL FIXATION</b>	<b>OPEN REDUCTION INTERNAL &amp; EXTERNAL FIXATION WRIST</b>	20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	Orthopedics
		20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	
		25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	
		25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	
		25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	
		25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	
		25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	
		25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	

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New Name	Old Name	CPT Code	Service
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, WRIST, WITH EXTERNAL FIXATION</b>	<b>OPEN REDUCTION INTERNAL &amp; EXTERNAL FIXATION WRIST</b>	25676 Open treatment of distal radioulnar dislocation, acute or chronic	Orthopedics
		25685 Open treatment of trans-scaphoperilunar type of fracture dislocation	
<b>OPEN REDUCTION INTERNAL FIXATION (ORIF), FRACTURE, ZYGOMATICOMAXILLARY COMPLEX</b>	<b>OPEN REDUCT INTERNAL FIXATION ZYGOMA/FRONTAL/ORBIT FRACTURE</b>	21365 Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	ENT
		21366 Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	
<b>OPEN TREATMENT, FRACTURE, MANDIBLE, WITH INTERDENTAL FIXATION</b>		21462 Open treatment of mandibular fracture; with interdental fixation	ENT
<b>ORBITOTOMY, ANTERIOR APPROACH, USING BONE FLAP IF INDICATED</b>	<b>ORBITOTOMY ANTERIOR W / WO BONE FLAP</b>	67400 Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	Maxillofacial
		67405 Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	
		67412 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	
		67413 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	
		67414 Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	
		67420 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	
		67430 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	
		67440 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	
		67445 Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	
<b>ORCHIECTOMY OR ORCHIOPEXY, BILATERAL</b>	<b>ORCHIECTOMY/ORCHIOPEXY BILATERAL</b>	54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Urology
		54640 Orchiopexy, inguinal or scrotal approach	
		54650 Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	
		54690 Laparoscopy, surgical; orchiectomy	
		54692 Laparoscopy, surgical; orchiopexy for intra-abdominal testis	
<b>ORCHIECTOMY OR ORCHIOPEXY</b>	<b>ORCHIECTOMY/ORCHIOPEXY</b>	54520 Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	Urology
		54640 Orchiopexy, inguinal or scrotal approach	
		54650 Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	
		54690 Laparoscopy, surgical; orchiectomy	
		54692 Laparoscopy, surgical; orchiopexy for intra-abdominal testis	
<b>ORCHIECTOMY, RADICAL</b>	<b>ORCHIECTOMY RADICAL</b>	54530 Orchiectomy, radical, for tumor; inguinal approach	Urology



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New Name	Old Name	CPT Code	Service			
<b>ORCHIECTOMY, RADICAL</b>	<b>ORCHIECTOMY RADICAL</b>	54535 Orchiectomy, radical, for tumor; with abdominal exploration	Urology			
		54690 Laparoscopy, surgical; orchiectomy				
<b>OSTEOPLASTY, CALCANEUS</b>	<b>OSTEOPLASTY CALCANEAL</b>	28300 Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	Podiatry			
<b>OSTEOPLASTY, ULNA, FOR SHORTENING</b>	<b>SHORTENING ULNA</b>	25390 Osteoplasty, radius or ulna; shortening	Orthopedics			
<b>OSTEOTOMY, FOOT</b>		28295 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method	Podiatry			
		28296 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy, any method				
		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method				
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method				
		28300 Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation				
		28302 Osteotomy; talus				
		28304 Osteotomy, tarsal bones, other than calcaneus or talus;				
		28305 Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)				
		28306 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal				
		28307 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)				
		28308 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each				
		28309 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)				
		28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)				
		28312 Osteotomy, shortening, angular or rotational correction; other phalanges, any toe				
		<b>OSTEOTOMY, MANDIBLE, BOTH SIDES</b>		<b>OSTEOTOMY MANDIBULAR BILATERAL</b>	21198 Osteotomy, mandible, segmental;	Dental Surgery
		<b>OSTEOTOMY, MANDIBLE, WITH GENIOPLASTY</b>		<b>OSTEOTOMY MANDIBULAR &amp; GENIOPLASTY</b>	21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)	Dental Surgery
21121 Genioplasty; sliding osteotomy, single piece						
21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)						
21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)						
21198 Osteotomy, mandible, segmental;						

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New Name	Old Name	CPT Code	Service
<b>OSTEOTOMY, MANDIBLE, WITH GENIOPLASTY</b>	<b>OSTEOTOMY MANDIBULAR &amp; GENIOPLASTY</b>	21199 Osteotomy, mandible, segmental; with genioglossus advancement	Dental Surgery
<b>OSTEOTOMY, MANDIBLE</b>	<b>OSTEOTOMY MANDIBULAR</b>	21198 Osteotomy, mandible, segmental; 21199 Osteotomy, mandible, segmental; with genioglossus advancement	Dental Surgery
<b>OSTEOTOMY, MAXILLA AND MANDIBLE, WITH GENIOPLASTY</b>	<b>OSTEOTOMY MAXILLARY MANDIBULAR &amp; GENIOPLASTY</b>	21120 Genioplasty; augmentation (autograft, allograft, prosthetic material) 21121 Genioplasty; sliding osteotomy, single piece 21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin) 21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) 21198 Osteotomy, mandible, segmental; 21199 Osteotomy, mandible, segmental; with genioglossus advancement 21206 Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Dental Surgery, ENT
<b>OSTEOTOMY, MAXILLA AND MANDIBLE</b>	<b>OSTEOTOMY MAXILLARY MANDIBULAR</b>	21198 Osteotomy, mandible, segmental; 21199 Osteotomy, mandible, segmental; with genioglossus advancement 21206 Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Dental Surgery, ENT
<b>OSTEOTOMY, MAXILLA</b>	<b>OSTEOTOMY MAXILLARY</b>	21206 Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Dental Surgery, ENT
<b>OSTEOTOMY, RADIUS</b>	<b>OSTEOTOMY RADIUS</b>	25350 Osteotomy, radius; distal third 25355 Osteotomy, radius; middle or proximal third	Orthopedics
<b>OSTEOTOMY, TIBIA</b>	<b>OSTEOTOMY TIBIA</b>	27705 Osteotomy; tibia	Orthopedics
<b>OSTEOTOMY, TOE</b>		28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method 28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method 28306 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal 28307 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe) 28308 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each 28309 Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure) 28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) 28312 Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Podiatry
<b>OSTEOTOMY</b>	<b>OSTEOTOMY</b>		Orthopedics, Podiatry
<b>OTOPLASTY</b>	<b>OTOPLASTY</b>	69300 Otoplasty, protruding ear, with or without size reduction	Aesthetics

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New Name	Old Name	CPT Code	Service
<b>PACU MISCELLANEOUS PROCEDURE</b>			Bariatric, Cardiac, Cardiac/Open Heart, Colorectal, ENT, Gastroenterology, General, Gynecology, Neurosurgery, Orthopedics, Pacemakers, Plastics, Spine, Thoracic, Urology, Vascular
<b>PANCREATECTOMY, LAPAROSCOPIC</b>	<b>PANCREATECTOMY LAPAROSCOPY</b>	48999	Unlisted procedure, pancreas General
<b>PANCREATECTOMY, OPEN</b>	<b>PANCREATECTOMY/RESECTION PANCREATIC OPEN</b>	*48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy General
		*48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy
		*48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)
		*48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy
		*48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy
		*48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy
		*48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy
		*48155	Pancreatectomy, total
		48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells
<b>PANCREATECTOMY, ROBOT-ASSISTED, USING XI</b>	<b>PANCREATECTOMY W XI ROBOTICS</b>	*48155	Pancreatectomy, total General Robotics
<b>PANNICULECTOMY</b>	<b>PANNICULECTOMY</b>	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy Aesthetics, General, Plastics
<b>PARATHYROIDECTOMY</b>	<b>PARATHYROIDECTOMY</b>	60500	Parathyroidectomy or exploration of parathyroid(s); General
<b>PATELLECTOMY</b>		27350	Patellectomy or hemipatellectomy Orthopedics
<b>PENECTOMY, PARTIAL OR TOTAL</b>	<b>PENECTOMY PARTIAL/COMPLETE</b>	54120	Amputation of penis; partial Urology
		*54125	Amputation of penis; complete
		*54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy
		*54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
<b>PENTAMIDINE, AEROSOLIZED, BY INHALATION</b>	<b>PULMONARY FUNCTION PENTAMADINE TREATMENT</b>	94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis Pulmonary

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New Name	Old Name	CPT Code	Service	
<b>PERCUTANEOUS CORONARY INTERVENTION, ARTERY</b>	<b>PERC CORONARY INTERVENTION</b>	92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Cardiac, Cardiovascular
		92921	Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	
		92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	
		92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	
		92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	
		92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	
		*92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombolysis	
		92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	

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New Name	Old Name	CPT Code	Service
<b>PERCUTANEOUS CORONARY INTERVENTION, ARTERY</b>	<b>PERC CORONARY INTERVENTION</b>	92944 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar	Cardiac, Cardiovascular
		92973 Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure)	
		92974 Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	
		*92975 Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	
		92977 Thrombolysis, coronary; by intravenous infusion	
<b>PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY (PTA), PERIPHERAL BLOOD VESSEL</b>	<b>PERIPHERAL PTA</b>	37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Cardiac, Cardiovascular
		37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	
		37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	
		37232 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	
		37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein	
		37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p	
		37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein	
		<b>PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY (PTCA), USING BALLOON</b>	
<b>PERICARDIECTOMY</b>	<b>PERICARDIECTOMY</b>	*33030 Pericardiectomy, subtotal or complete; without cardiopulmonary bypass	Cardiac/Open Heart
		*33031 Pericardiectomy, subtotal or complete; with cardiopulmonary bypass	
<b>PERICARDIOCENTESIS</b>	<b>PERICARDIOCENTESIS</b>	33016 Pericardiocentesis, including imaging guidance, when performed	Cardiac, Cardiovascular
<b>PERINEOPLASTY</b>		56800 Plastic repair of introitus	Gynecology

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New Name	Old Name	CPT Code	Service
<b>PERINEOPLASTY</b>		56810 Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	Gynecology
<b>PERINEOPLASTY/PERINEORRAPHY/REPAIR INTROITUS</b>	<b>PERINEOPLASTY/PERINEORRAPHY/REPAIR INTROITUS</b>	56800 Plastic repair of introitus	Gynecology
		56810 Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	
<b>PHLEBECTOMY, VARICOSE VEIN, BILATERAL</b>	<b>PHLEBECTOMY VARICOSE VEIN BILATERAL</b>	37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718 Ligation, division, and stripping, short saphenous vein	
		37722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785 Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
<b>PHLEBECTOMY, VARICOSE VEIN, STRIPPING, BILATERAL</b>		37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718 Ligation, division, and stripping, short saphenous vein	
		37722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
		37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
		37785 Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
<b>PHLEBECTOMY, VARICOSE VEIN, STRIPPING, UNILATERAL</b>		37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	Vascular
		37718 Ligation, division, and stripping, short saphenous vein	
		37722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	
		37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
		37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
		37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	

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New Name	Old Name	CPT Code	Service	
<b>PHLEBECTOMY, VARICOSE VEIN, STRIPPING, UNILATERAL</b>		37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	Vascular
		37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
<b>PINNING, WRIST, PERCUTANEOUS</b>	<b>PERCUTANEOUS PINNING WRIST</b>	25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	Orthopedics
		25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	
		25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	
		25651	Percutaneous skeletal fixation of ulnar styloid fracture	
		25671	Percutaneous skeletal fixation of distal radioulnar dislocation	
<b>PLICATION HEMIDIAPHRAGM, ROBOT-ASSISTED, THORACOSCOPIC, USING XI</b>		*39599	Unlisted procedure, diaphragm	Cardiac/Thoracic Robotics, General Robotics
<b>PLICATION, LIGAMENT, UTEROSACRAL</b>	<b>UTEROSACRAL PLICATION</b>	57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	Gynecology
<b>PLICATION, PENIS, FOR PEYRONIE'S PLAQUE</b>	<b>PLICATION PEYRONIES PLAQUE</b>	54110	Excision of penile plaque (Peyronie disease);	Urology
		54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	
		54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	
<b>PRESSURE WIRE PROCEDURE</b>				Cardiac, Cardiovascular
<b>PROBING, NASOLACRIMAL DUCT, WITH TUBE INSERTION</b>	<b>PROBING/INTUBATION NASOLACRIMAL DUCT</b>	68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent	Maxillofacial
<b>PROCANIMIDE CHALLENGE</b>				Cardiac, Cardiovascular
<b>PROCEDURE, ELBOW, MODIFIED, BOSWORTH</b>	<b>EPICONDYLECTOMY (MODIFIED BOSWORTH)</b>	24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	Orthopedics
		24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	
<b>PROCTOCOLECTOMY, ABDOMINOPERINEAL</b>		*44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	Colorectal, General
		*44156	Colectomy, total, abdominal, with proctectomy; with continent ileostomy	
		*44158	Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed	
<b>PROCTOCOLECTOMY, TOTAL, WITH END ILEOSTOMY CREATION</b>	<b>PANPROCTOCOLECTOMY W END ILEOSTOMY</b>	*44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	Colorectal
<b>PROCTOSIGMOIDOSCOPY, RIGID</b>	<b>SIGMOIDOSCOPY RIGID</b>	45300	Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	Colorectal, General
<b>PROSTATECTOMY, RADICAL, ROBOT-ASSISTED, USING XI, WITH BILATERAL LYMPHADENECTOMY</b>	<b>PROSTATECTOMY RADICAL W BILATERAL LYMPH NODE DISSECT W XI ROBOT</b>	38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy	Urology Robotics
		55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	

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New Name	Old Name	CPT Code	Service
<b>PROSTATECTOMY, RADICAL, ROBOT-ASSISTED, USING XI</b>	<b>PROSTATECTOMY RADICAL W XI ROBOTICS</b>	55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Urology Robotics
<b>PROSTATECTOMY, RETROPUBIC, RADICAL, WITH PELVIC LYMPHADENECTOMY</b>	<b>PROSTATECTOMY RADICAL RETROPUBIC DISSECTION LYMPH NODE</b>	*55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Urology
		*55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	
<b>PROSTATECTOMY, RETROPUBIC, RADICAL</b>	<b>PROSTATECTOMY RADICAL RETROPUBIC</b>	*55840 Prostatectomy, retropubic radical, with or without nerve sparing;	Urology
		*55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	
		*55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	
		55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	
<b>PROSTATECTOMY, SUPRAPUBIC APPROACH</b>	<b>PROSTATECTOMY SUPRAPUBIC</b>	*55821 Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages	Urology
<b>PYELOPLASTY, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>	<b>PYELOPLASTY LAPAROSCOPY W XI ROBOTICS</b>	50544 Laparoscopy, surgical; pyeloplasty	Urology Robotics
<b>PYELOPLASTY</b>	<b>PYELOPLASTY</b>	*50400 Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple	Urology
		*50405 Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidn	
		50544 Laparoscopy, surgical; pyeloplasty	
<b>PYLOROPLASTY, ROBOT-ASSISTED, USING XI</b>	<b>PYLOROPLASTY W XI ROBOTICS</b>	*43800 Pyloroplasty	General Robotics
<b>RADIOFREQUENCY ABLATION, FACET JOINT, LUMBAR</b>	<b>LUMBAR FACET JOINT RADIOFREQUENCY ABLATION</b>	64635 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Pain Management
		64636 Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	
<b>RADIOFREQUENCY ABLATION, VEIN, SAPHENOUS, BILATERAL</b>	<b>ABLATION RADIOFREQUENCY SAPHENOUS BILATERAL</b>	36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Vascular
<b>RADIOFREQUENCY ABLATION, VEIN, SAPHENOUS, UNILATERAL</b>	<b>ABLATION RADIOFREQUENCY SAPHENOUS UNILATERAL</b>	36475 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Vascular



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New Name	Old Name	CPT Code	Service
<b>RADIOFREQUENCY ABLATION</b>	<b>ABLATION RADIOFREQUENCY BIPOLAR/UNIPOLAR</b>		Cardiac/Open Heart
<b>RASPING, NASAL BONE, DORSAL EDGE</b>	<b>RASPING DORSAL NASAL</b>	30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip 30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Plastics
<b>REALIGNMENT OR STABILIZATION, PATELLA</b>		27420 Reconstruction of dislocating patella; (eg, Hauser type procedure) 27422 Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) 27424 Reconstruction of dislocating patella; with patellectomy	Orthopedics
<b>REANASTOMOSIS, FALLOPIAN TUBE, BILATERAL, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>	<b>ANASTOMOSIS TUBAL W XI ROBOTICS</b>	58673 Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	Gynecology Robotics
<b>RECONSTRUCTION, AFTER MOHS MICROGRAPHIC SURGERY</b>	<b>RECONSTRUCTION AFTER MOHS PROCEDURE</b>	17311 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) ( 17312 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) ( 17313 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) ( 17314 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) ( 17315 Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (	Maxillofacial
<b>RECONSTRUCTION, ARTERY, LOWER EXTREMITY</b>	<b>RECONSTRUCTION ARTERIAL LEG</b>	35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty 35881 Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition 37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Vascular

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New Name	Old Name	CPT Code	Service
<b>RECONSTRUCTION, ARTERY, VERTEBRAL</b>	<b>RECONSTRUCTION VERTEBRAL ARTERY</b>	*35005 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery	Vascular
<b>RECONSTRUCTION, BREAST AFTER NIPPLE SPARING MASTECTOMY</b>		19340 Insertion of breast implant on same day of mastectomy (ie, immediate)	Plastics
		19342 Insertion or replacement of breast implant on separate day from mastectomy	
		19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
		*19361 Breast reconstruction; with latissimus dorsi flap	
		*19364 Breast reconstruction; with free flap (eg, ftram, DIEP, SIEA, gap flap)	
		*19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap	
		*19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap, requiring separate microvascular anastomosis (supercharging)	
<b>RECONSTRUCTION, BREAST AFTER WISE PATTERN MASTECTOMY WITH FREE NIPPLE GRAFT</b>		19340 Insertion of breast implant on same day of mastectomy (ie, immediate)	Plastics
		19342 Insertion or replacement of breast implant on separate day from mastectomy	
		19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
		*19361 Breast reconstruction; with latissimus dorsi flap	
		*19364 Breast reconstruction; with free flap (eg, ftram, DIEP, SIEA, gap flap)	
		*19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap	
		*19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap, requiring separate microvascular anastomosis (supercharging)	
<b>RECONSTRUCTION, BREAST, BILATERAL, WITH BREAST IMPLANT INSERTION</b>	<b>RECONSTRUCTION BREAST W IMPLANT BILATERAL</b>	19325 Breast augmentation with implant	Plastics
		19340 Insertion of breast implant on same day of mastectomy (ie, immediate)	
		19342 Insertion or replacement of breast implant on separate day from mastectomy	
		19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
		*19361 Breast reconstruction; with latissimus dorsi flap	
		*19364 Breast reconstruction; with free flap (eg, ftram, DIEP, SIEA, gap flap)	

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New Name	Old Name	CPT Code	Service
<b>RECONSTRUCTION, BREAST, BILATERAL, WITH BREAST IMPLANT INSERTION</b>	<b>RECONSTRUCTION BREAST W IMPLANT BILATERAL</b>	*19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap	Plastics
		*19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap, requiring separate microvascular anastomosis (supercharging)	
		*19369 Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (tram) flap	
<b>RECONSTRUCTION, BREAST, BILATERAL, WITH IMPLANT, WITH NIPPLE RECONSTRUCTION</b>	<b>RECONSTRUCT BREAST W IMPLANT W RECONSTRUCT NIPPLE BILATERAL</b>	19325 Breast augmentation with implant	Plastics
		19340 Insertion of breast implant on same day of mastectomy (ie, immediate)	
		19342 Insertion or replacement of breast implant on separate day from mastectomy	
		19350 Nipple/areola reconstruction	
<b>RECONSTRUCTION, BREAST, BILATERAL, WITH TISSUE EXPANDER</b>	<b>RECONSTRUCTION BREAST W TISSUE EXPANDER BILATERAL</b>	19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Plastics
<b>RECONSTRUCTION, BREAST, UNILATERAL, USING IMPLANT, WITH NIPPLE RECONSTRUCTION</b>	<b>RECONSTRUCT BREAST W IMPLANT W RECONSTRUCT NIPPLE UNILATERAL</b>	19325 Breast augmentation with implant	Plastics
		19340 Insertion of breast implant on same day of mastectomy (ie, immediate)	
		19342 Insertion or replacement of breast implant on separate day from mastectomy	
		19350 Nipple/areola reconstruction	
<b>RECONSTRUCTION, BREAST, UNILATERAL, WITH BREAST IMPLANT INSERTION</b>	<b>RECONSTRUCTION BREAST W IMPLANT UNILATERAL</b>	19325 Breast augmentation with implant	Plastics
		19340 Insertion of breast implant on same day of mastectomy (ie, immediate)	
		19342 Insertion or replacement of breast implant on separate day from mastectomy	
<b>RECONSTRUCTION, BREAST, UNILATERAL, WITH MUSCLE FLAP</b>	<b>RECONSTRUCTION BREAST W MUSCLE FLAP UNILATERAL</b>	*19361 Breast reconstruction; with latissimus dorsi flap	Plastics
		*19364 Breast reconstruction; with free flap (eg, ftram, DIEP, SIEA, gap flap)	
		*19367 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap	
		*19368 Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (tram) flap, requiring separate microvascular anastomosis (supercharging)	
		*19369 Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (tram) flap	
<b>RECONSTRUCTION, BREAST, UNILATERAL, WITH TISSUE EXPANDER</b>	<b>RECONSTRUCTION BREAST W TISSUE EXPANDER</b>	19357 Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Plastics
<b>RECONSTRUCTION, BREAST, WITH PECTORALIS FLAP AND ACELLULAR DERMAL ALLOGRAFT</b>	<b>RECON BREAST ALLODERM PECTORALIS FLAP+TISSUE ARRANGE CLOSURE</b>	15777 Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Plastics
		19350 Nipple/areola reconstruction	
<b>RECONSTRUCTION, EAR</b>		69300 Otoplasty, protruding ear, with or without size reduction	Plastics

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<b>RECONSTRUCTION, EAR</b>		69310 Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	Plastics
		69320 Reconstruction external auditory canal for congenital atresia, single stage	
<b>RECONSTRUCTION, LIP OR LOWER FACE</b>	<b>RECONSTRUCTION OF LIP/LOWER FACE</b>	21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)	Aesthetics, Plastics
		21125 Augmentation, mandibular body or angle; prosthetic material	
		40650 Repair lip, full thickness; vermilion only	
		40652 Repair lip, full thickness; up to half vertical height	
		40654 Repair lip, full thickness; over one-half vertical height, or complex	
<b>RECONSTRUCTION, NIPPLE AND AREOLA, BILATERAL</b>	<b>RECONSTRUCTION NIPPLE AREOLA BILATERAL</b>	19350 Nipple/areola reconstruction	Plastics
<b>RECONSTRUCTION, NIPPLE AND AREOLA</b>	<b>RECONSTRUCTION NIPPLE AREOLA UNILATERAL</b>	19350 Nipple/areola reconstruction	Plastics
<b>RECTOPEXY, ABDOMINAL APPROACH, LAPAROSCOPIC</b>	<b>RECTOPEXY TRANSABDOMINAL LAPAROSCOPY</b>	*45400 Laparoscopy, surgical; proctopexy (for prolapse)	Colorectal, General
		*45402 Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	
<b>RECTOPEXY, ABDOMINAL APPROACH, OPEN</b>	<b>RECTOPEXY TRANSABDOMINAL OPEN</b>	*45540 Proctopexy (eg, for prolapse); abdominal approach	Colorectal, General
		45541 Proctopexy (eg, for prolapse); perineal approach	
		*45550 Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	
<b>RECTOPEXY, ROBOT-ASSISTED, ABDOMINAL APPROACH, USING XI</b>	<b>RECTOPEXY TRANSABDOMINAL W XI ROBOTICS</b>	*45400 Laparoscopy, surgical; proctopexy (for prolapse)	Colorectal Robotics
<b>RECTOPEXY, ROBOT-ASSISTED, USING XI</b>	<b>RECTOPEXY W XI ROBOTICS</b>	*45400 Laparoscopy, surgical; proctopexy (for prolapse)	Colorectal Robotics
		*45402 Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	
<b>RECTOPEXY</b>	<b>RECTOPEXY</b>	*45540 Proctopexy (eg, for prolapse); abdominal approach	General
		45541 Proctopexy (eg, for prolapse); perineal approach	
<b>REDUCTION, NASAL TURBINATE</b>		30130 Excision inferior turbinate, partial or complete, any method	ENT
		30140 Submucous resection inferior turbinate, partial or complete, any method	
		30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
		30801 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	
		30802 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	
		31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection	
<b>REDUCTION, NASAL TURBINATE, ENDOSCOPIC, USING CAUTERY</b>	<b>REDUCTION/CAUTERY TURBINATE ENDOSCOPIC</b>	30130 Excision inferior turbinate, partial or complete, any method	ENT
<b>REDUCTION, NASAL TURBINATE, WITHOUT ENDOSCOPY, USING CAUTERY</b>	<b>REDUCTION/CAUTERY TURBINATE (NON-ENDOSCOPIC)</b>	30801 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	ENT

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New Name	Old Name	CPT Code	Service
<b>REDUCTION, NASAL TURBINATE, WITHOUT ENDOSCOPY, USING CAUTERY</b>	<b>REDUCTION/CAUTERY TURBINATE (NON-ENDOSCOPIC)</b>	30802 Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	ENT
<b>REIMPLANTATION, URETER, LAPAROSCOPIC, USING BOARI FLAP, WITH RECONSTRUCTION</b>	<b>REIMPLANTATION URETER W/BOARI FLAP URETER RECONSTRUCTION LAPAROSCOPIC</b>	50947 Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948 Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	Urology
<b>REIMPLANTATION, URETER, OPEN, WITH BOARI FLAP RECONSTRUCTION</b>	<b>REIMPLANTATION URETER W/BOARI FLAP URETER RECONSTRUCTION OPEN</b>	*50785 Ureteroneocystostomy; with vesico-psoas hitch or bladder flap	Urology
<b>REIMPLANTATION, URETER</b>	<b>REIMPLANTATION URETER</b>	*50780 Ureteroneocystostomy; anastomosis of single ureter to bladder 50947 Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948 Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement	Urology
<b>RELEASE DORSAL COMPARTMENT/TENOLYSIS FINGER</b>	<b>RELEASE DORSAL COMPARTMENT/TENOLYSIS FINGER</b>	26440 Tenolysis, flexor tendon; palm OR finger, each tendon	Orthopedics
<b>RELEASE, CARPAL TUNNEL AND TRIGGER FINGER</b>	<b>RELEASE CARPAL TUNNEL &amp; TRIGGER FINGER</b>	26055 Tendon sheath incision (eg, for trigger finger) 29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	Neurosurgery, Orthopedics
<b>RELEASE, CARPAL TUNNEL, BILATERAL</b>	<b>RELEASE CARPAL TUNNEL BILATERAL</b>	64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	Neurosurgery, Orthopedics, Plastics
<b>RELEASE, CARPAL TUNNEL, UNILATERAL, ENDOSCOPIC</b>	<b>RELEASE CARPAL TUNNEL ENDOSCOPIC UNILATERAL</b>	29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament	Orthopedics, Plastics
<b>RELEASE, CARPAL TUNNEL, WITH ULNAR NERVE TRANSPOSITION</b>	<b>RELEASE CARPAL TUNNEL &amp; TRANSPOSITION ULNA NERVE</b>	29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament 64718 Neuroplasty and/or transposition; ulnar nerve at elbow 64719 Neuroplasty and/or transposition; ulnar nerve at wrist 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	Neurosurgery, Orthopedics, Plastics
<b>RELEASE, CARPAL TUNNEL</b>	<b>RELEASE CARPAL TUNNEL</b>	29848 Endoscopy, wrist, surgical, with release of transverse carpal ligament 64721 Neuroplasty and/or transposition; median nerve at carpal tunnel	Neurosurgery, Orthopedics, Plastics
<b>RELEASE, CUBITAL TUNNEL</b>	<b>RELEASE CUBITAL TUNNEL (ELBOW)</b>	64718 Neuroplasty and/or transposition; ulnar nerve at elbow	Neurosurgery, Orthopedics
<b>RELEASE, DORSAL COMPARTMENT, WRIST</b>		25000 Incision, extensor tendon sheath, wrist (eg, de Quervains disease) 25001 Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	Orthopedics
<b>RELEASE, DUPUYTREN CONTRACTURE</b>	<b>RELEASE DUPYTRENS CONTRACTURE</b>	26040 Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous 26045 Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	Orthopedics, Podiatry
<b>RELEASE, HAND, FOR DEQUERVAIN'S TENOSYNOVITIS</b>	<b>RELEASE DEQUERVAIN</b>	25000 Incision, extensor tendon sheath, wrist (eg, de Quervains disease)	Orthopedics
<b>RELEASE, PENILE FRENULUM</b>		54164 Frenulotomy of penis	Urology
<b>RELEASE, TARSAL TUNNEL, WITH PLANTAR FASCIOTOMY</b>		28008 Fasciotomy, foot and/or toe	Podiatry

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New Name	Old Name	CPT Code	Service
<b>RELEASE, TARSAL TUNNEL, WITH PLANTAR FASCIOTOMY</b>		28035 Release, tarsal tunnel (posterior tibial nerve decompression) 29893 Endoscopic plantar fasciotomy	Podiatry
<b>RELEASE, TARSAL TUNNEL</b>	<b>RELEASE TARSAL TUNNEL (DECOMPRESSION NERVE FOOT)</b>	28035 Release, tarsal tunnel (posterior tibial nerve decompression)	Podiatry
<b>RELEASE, TRIGGER FINGER</b>	<b>RELEASE TRIGGER FINGER</b>	26055 Tendon sheath incision (eg, for trigger finger)	Orthopedics, Plastics
<b>REMOVAL HARDWARE, SPINE, POSTERIOR COLUMN, SCHEDULED WITH FUSION, SPINE, LUMBAR, ANTERIOR LATERAL OR OBLIQUE APPROACH</b>	<b>REMOVAL HARDWARE W ALIF</b>	22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar 22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure) 22830 Exploration of spinal fusion	Spine
<b>REMOVAL OR REPLACEMENT, PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBE</b>	<b>PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE CHANGE/REMOVAL</b>	43246 Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube 43247 Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) 43762 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract 43763 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract 43870 Closure of gastrostomy, surgical 43999 Unlisted procedure, stomach 49440 Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report 49450 Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	Colorectal, Gastroenterology, General
<b>REMOVAL, ARTIFICIAL URINARY SPHINCTER</b>	<b>REMOVAL ARTIFICIAL URINARY SPHINCTER</b>	53446 Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff	Urology
<b>REMOVAL, AUGMENTATION DEVICE, ESOPHAGEAL SPHINCTER</b>	<b>REMOVAL ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE</b>	43285 Removal of esophageal sphincter augmentation device	General
<b>REMOVAL, BALLOON, INTRAGASTRIC, ENDOSCOPIC</b>	<b>ENDOSCOPIC REMOVAL INTRAGASTRIC BALLOON WITH ANESTHESIA</b>	43999 Unlisted procedure, stomach	Bariatric
<b>REMOVAL, CALCULUS, URETER, USING BASKET</b>		51065 Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus 52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)	Urology
<b>REMOVAL, CARDIAC PACEMAKER, BIVENTRICULAR</b>	<b>EXPLANT PACEMAKER BIVENTRICULAR</b>	33233 Removal of permanent pacemaker pulse generator only 33235 Removal of transvenous pacemaker electrode(s); dual lead system	Cardiac, Cardiovascular
<b>REMOVAL, CARDIAC PACEMAKER</b>	<b>EXPLANT PACEMAKER</b>	33233 Removal of permanent pacemaker pulse generator only 33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular 33235 Removal of transvenous pacemaker electrode(s); dual lead system	Cardiac, Cardiovascular

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New Name	Old Name	CPT Code	Service
<b>REMOVAL, CARDIAC PACEMAKER</b>	<b>EXPLANT PACEMAKER</b>	*33238 Removal of permanent transvenous electrode(s) by thoracotomy	Cardiac, Cardiovascular
<b>REMOVAL, CATHETER, DIALYSIS, PERITONEAL</b>	<b>REMOVAL PERITONEAL DIALYSIS CATHETER</b>	49422 Removal of tunneled intraperitoneal catheter	General, Vascular
<b>REMOVAL, CENTRAL VENOUS ACCESS DEVICE</b>	<b>REMOVAL CENTRAL VENOUS ACCESS DEVICES</b>	36589 Removal of tunneled central venous catheter, without subcutaneous port or pump	Cardiac/Open Heart, General, Oncology, Thoracic
		36590 Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	
<b>REMOVAL, CERCLAGE MATERIAL, CERVIX</b>	<b>REMOVAL CERVICAL CERCLAGE</b>	59871 Removal of cerclage suture under anesthesia (other than local)	Obstetrics
<b>REMOVAL, CERUMEN, IMPACTED</b>	<b>DISIMPACTION CERUMEN</b>	69209 Removal impacted cerumen using irrigation/lavage, unilateral	ENT
		69210 Removal impacted cerumen requiring instrumentation, unilateral	
<b>REMOVAL, ECTOPIC PREGNANCY</b>	<b>REMOVAL ECTOPIC PREGNANCY</b>	*59120 Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	Gynecology
		*59121 Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	
		*59130 Surgical treatment of ectopic pregnancy; abdominal pregnancy	
		*59135 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy	
		*59136 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus	
		*59140 Surgical treatment of ectopic pregnancy; cervical, with evacuation	
		59150 Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	
		59151 Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	
<b>REMOVAL, ELECTRODE LEAD OR PULSE GENERATOR, SACRAL NEUROSTIMULATOR</b>		63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Colorectal
		63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
		64585 Revision or removal of peripheral neurostimulator electrode array	
		64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
		64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	
<b>REMOVAL, ELECTRODE LEAD, CARDIAC DEVICE</b>	<b>LEAD REPLACEMENT</b>	33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Cardiac, Cardiovascular
		33235 Removal of transvenous pacemaker electrode(s); dual lead system	
		*33238 Removal of permanent transvenous electrode(s) by thoracotomy	
		*33243 Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	

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New Name	Old Name	CPT Code	Service
<b>REMOVAL, ELECTRODE LEAD, CARDIAC DEVICE</b>	<b>LEAD REPLACEMENT</b>	33244 Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	Cardiac, Cardiovascular
<b>REMOVAL, ELECTRODE LEAD, CARDIAC PACEMAKER, LESS THAN ONE YEAR AFTER INSERTION</b>	<b>EXPLANT PACEMAKER LEAD LESS 1 YEAR</b>	33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Pacemakers
		33235 Removal of transvenous pacemaker electrode(s); dual lead system	
		*33238 Removal of permanent transvenous electrode(s) by thoracotomy	
<b>REMOVAL, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>EXPLANT CARDIOVERTER DEFIBRILATOR LEAD LESS THAN 1 YEAR</b>	*33238 Removal of permanent transvenous electrode(s) by thoracotomy	Pacemakers
		*33243 Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	
		33244 Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	
		33272 Removal of subcutaneous implantable defibrillator electrode	
<b>REMOVAL, EXTERNAL FIXATION DEVICE, FOOT</b>	<b>REMOVAL EXTERNAL FIXATION FOOT</b>	20694 Removal, under anesthesia, of external fixation system	Podiatry
<b>REMOVAL, FECES, IMPACTED</b>	<b>FECAL DISIMPACTION W ANESTHESIA</b>	45915 Removal of fecal impaction or foreign body (separate procedure) under anesthesia	Colorectal, Gastroenterology
<b>REMOVAL, FILTER, INFERIOR VENA CAVA</b>		37193 Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when	Cardiac, Cardiovascular
<b>REMOVAL, FOREIGN BODY, EXTERNAL AUDITORY CANAL</b>		69200 Removal foreign body from external auditory canal; without general anesthesia	ENT
		69205 Removal foreign body from external auditory canal; with general anesthesia	
<b>REMOVAL, FOREIGN BODY, FOOT</b>		10120 Incision and removal of foreign body, subcutaneous tissues; simple	Orthopedics, Plastics, Podiatry
		10121 Incision and removal of foreign body, subcutaneous tissues; complicated	
		20520 Removal of foreign body in muscle or tendon sheath; simple	
		20525 Removal of foreign body in muscle or tendon sheath; deep or complicated	
		28022 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	
		28024 Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	
		28190 Removal of foreign body, foot; subcutaneous	
		28192 Removal of foreign body, foot; deep	
		28193 Removal of foreign body, foot; complicated	
<b>REMOVAL, FOREIGN BODY, FOOT/TOE</b>	<b>REMOVAL FOREIGN BODY FOOT/TOE</b>		Orthopedics, Plastics, Podiatry
<b>REMOVAL, FOREIGN BODY, LOWER EXTREMITY</b>	<b>REMOVAL FOREIGN BODY LOWER EXTREMITY</b>	10120 Incision and removal of foreign body, subcutaneous tissues; simple	Orthopedics, Plastics
		10121 Incision and removal of foreign body, subcutaneous tissues; complicated	
		20520 Removal of foreign body in muscle or tendon sheath; simple	



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New Name	Old Name	CPT Code	Service				
<b>REMOVAL, FOREIGN BODY, LOWER EXTREMITY</b>	<b>REMOVAL FOREIGN BODY LOWER EXTREMITY</b>	20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	Orthopedics, Plastics			
		27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)				
		27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies				
		27372	Removal of foreign body, deep, thigh region or knee area				
		27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body				
		27620	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body				
		28020	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint				
		28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint				
		28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint				
		28190	Removal of foreign body, foot; subcutaneous				
		28192	Removal of foreign body, foot; deep				
		28193	Removal of foreign body, foot; complicated				
		29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)				
		29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body				
		29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body				
		<b>REMOVAL, FOREIGN BODY, LUMBAR REGION</b>	<b>REMOVAL FOREIGN BODY LUMBAR REGION</b>		10120	Incision and removal of foreign body, subcutaneous tissues; simple	Spine
					10121	Incision and removal of foreign body, subcutaneous tissues; complicated	
20520	Removal of foreign body in muscle or tendon sheath; simple						
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated						
<b>REMOVAL, FOREIGN BODY, NOSE</b>		30300	Removal foreign body, intranasal; office type procedure	ENT			
		30310	Removal foreign body, intranasal; requiring general anesthesia				
		30320	Removal foreign body, intranasal; by lateral rhinotomy				
<b>REMOVAL, FOREIGN BODY, PERCUTANEOUS</b>	<b>FOREIGN BODY REMOVAL PERCUTANEOUS</b>			Cardiac, Cardiovascular			
<b>REMOVAL, FOREIGN BODY, POSTERIOR NECK</b>	<b>REMOVAL FOREIGN BODY POSTERIOR CERVICAL REGION</b>	10120	Incision and removal of foreign body, subcutaneous tissues; simple	Spine			
		10121	Incision and removal of foreign body, subcutaneous tissues; complicated				
<b>REMOVAL, FOREIGN BODY, RECTUM</b>	<b>EXCISION COLORECTAL FOREIGN BODY</b>	45307	Proctosigmoidoscopy, rigid; with removal of foreign body	Colorectal, Gastroenterology			
		45332	Sigmoidoscopy, flexible; with removal of foreign body(s)				
		45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia				

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New Name	Old Name	CPT Code	Service	
<b>REMOVAL, FOREIGN BODY, TOE</b>		28022	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint	Orthopedics, Plastics, Podiatry
		28024	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint	
<b>REMOVAL, FOREIGN BODY</b>	<b>REMOVAL FOREIGN BODY</b>	10120	Incision and removal of foreign body, subcutaneous tissues; simple	Colorectal, Dental Surgery, General, Gynecology, Orthopedics, Plastics, Podiatry, Thoracic, Urology
		10121	Incision and removal of foreign body, subcutaneous tissues; complicated	
<b>REMOVAL, HARDWARE, FOREARM</b>	<b>REMOVAL INTERNAL FIXATION RADIUS/ULNA</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, HARDWARE, SPINE, LUMBAR, POSTERIOR</b>	<b>LUMBAR POSTERIOR REMOVAL HARDWARE SCHEDULED W ADDITIONAL PROCEDURE</b>	22850	Removal of posterior nonsegmental instrumentation (eg, Harrington rod)	Spine
		22852	Removal of posterior segmental instrumentation	
<b>REMOVAL, IMPLANT, BREAST</b>	<b>REMOVAL BREAST IMPLANT</b>	19328	Removal of intact breast implant	Aesthetics, Plastics
		19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	
<b>REMOVAL, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), BIVENTRICULAR</b>	<b>EXPLANT ICD BIVENTRICULAR</b>	*33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	Cardiac, Cardiovascular
		33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	
<b>REMOVAL, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)</b>	<b>EXPLANT ICD</b>	33241	Removal of implantable defibrillator pulse generator only	Cardiac, Cardiovascular
		*33243	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	
		33244	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	
		33272	Removal of subcutaneous implantable defibrillator electrode	
<b>REMOVAL, INTERNAL FIXATION DEVICE, CLAVICLE</b>	<b>REMOVAL INTERNAL FIXATION CLAVICLE</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, ELBOW</b>	<b>REMOVAL INTERNAL FIXATION ELBOW</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, FEMUR</b>	<b>REMOVAL INTERNAL FIXATION FEMUR</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, FINGER</b>	<b>REMOVAL INTERNAL FIXATION FINGER</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
		26320	Removal of implant from finger or hand	

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<b>REMOVAL, INTERNAL FIXATION DEVICE, FOOT</b>	<b>REMOVAL INTERNAL FIXATION FOOT</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Podiatry
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, HAND</b>	<b>REMOVAL INTERNAL FIXATION HAND</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
		26320	Removal of implant from finger or hand	
<b>REMOVAL, INTERNAL FIXATION DEVICE, HIP</b>	<b>REMOVAL INTERNAL FIXATION HIP</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, HUMERUS</b>	<b>REMOVAL INTERNAL FIXATION HUMERUS</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, SHOULDER</b>	<b>REMOVAL INTERNAL FIXATION SHOULDER</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, TIBIA AND FIBULA</b>	<b>REMOVAL INTERNAL FIXATION TIBIA/FIBULA</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION DEVICE, WRIST</b>	<b>REMOVAL INTERNAL FIXATION WRIST</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION HARDWARE, ANKLE</b>	<b>REMOVAL INTERNAL FIXATION ANKLE</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTERNAL FIXATION HARDWARE, KNEE</b>	<b>REMOVAL INTERNAL FIXATION KNEE</b>	20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Orthopedics
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
<b>REMOVAL, INTRA-AORTIC BALLOON PUMP</b>	<b>IABP REMOVAL</b>	*33968	Removal of intra-aortic balloon assist device, percutaneous	Cardiac, Cardiovascular
		*33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	
		*33974	Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	
<b>REMOVAL, INTRA-AORTIC BALLOON PUMP</b>	<b>REMOVAL INTRA AORTIC BALLOON</b>	*33968	Removal of intra-aortic balloon assist device, percutaneous	Cardiac, Cardiovascular, Cardiac/Open Heart
		*33971	Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft	

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New Name	Old Name	CPT Code	Service
<b>REMOVAL, INTRA-AORTIC BALLOON PUMP</b>	<b>REMOVAL INTRA AORTIC BALLOON</b>	*33974 Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft	Cardiac, Cardiovascular, Cardiac/Open Heart
<b>REMOVAL, LOOP RECORDER (MINOR ROOM)</b>		33286 Removal, subcutaneous cardiac rhythm monitor	Cardiac, Cardiovascular, Pacemakers
<b>REMOVAL, LOOP RECORDER</b>	<b>EXPLANT LOOP RECORDER</b>	33286 Removal, subcutaneous cardiac rhythm monitor	Cardiac, Cardiovascular, Pacemakers
<b>REMOVAL, NEUROSTIMULATOR, SPINAL</b>	<b>SPINAL CORD STIMULATION REMOVAL</b>	63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Pain Management
		63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
		63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
<b>REMOVAL, PENILE PROSTHESIS</b>	<b>REMOVAL PENILE PROSTHESIS</b>	54406 Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Urology
		54415 Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	
<b>REMOVAL, PLEURX CATHETER SYSTEM, PLEURAL CAVITY</b>		32552 Removal of indwelling tunneled pleural catheter with cuff	Cardiac/Open Heart, Thoracic
<b>REMOVAL, PULSE GENERATOR, PERMANENT CARDIAC PACEMAKER</b>	<b>REMOVAL PACEMAKER GENERATOR</b>	33233 Removal of permanent pacemaker pulse generator only	Pacemakers
<b>REMOVAL, PULSE GENERATOR</b>	<b>EXPLANT GENERATOR</b>	33241 Removal of implantable defibrillator pulse generator only	Cardiac, Cardiovascular
<b>REMOVAL, RETAINED PLACENTA, WITH DILATION AND CURETTAGE OF UTERUS IF INDICATED</b>	<b>REMOVAL RETAINED PLACENTA POSS D&amp;C</b>	59160 Curettage, postpartum	Obstetrics
		59414 Delivery of placenta (separate procedure)	
<b>REMOVAL, STENT, URETER, CYSTOSCOPIC</b>	<b>CYSTOSCOPY W STENT REMOVAL</b>	52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple	Urology
		52315 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated	
<b>REMOVAL, STERNAL WIRE, WITH REWIRING IF INDICATED</b>	<b>REWIRE/REMOVAL WIRE STERNAL WOUND</b>	20650 Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	Cardiac/Open Heart
		20670 Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	
		20680 Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
		21750 Closure of median sternotomy separation with or without debridement (separate procedure)	
<b>REMOVAL, STIMULATOR, UPPER AIRWAY</b>		64570 Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	ENT
<b>REMOVAL, TISSUE EXPANDER</b>	<b>REMOVAL TISSUE EXPANDER</b>	11971 Removal of tissue expander without insertion of implant	Plastics
<b>REMOVAL, TRANSVENOUS ELECTRODE LEAD</b>	<b>LEAD EXTRACTION - TRANSVENOUS</b>	33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	Cardiac, Cardiovascular
		33235 Removal of transvenous pacemaker electrode(s); dual lead system	

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New Name	Old Name	CPT Code	Service
<b>REMOVAL, TRANSVENOUS ELECTRODE LEAD</b>	<b>LEAD EXTRACTION - TRANSVENOUS</b>	*33238 Removal of permanent transvenous electrode(s) by thoracotomy	Cardiac, Cardiovascular
<b>REMOVAL, TYMPANOSTOMY TUBE, WITH PATCH MYRINGOPLASTY</b>	<b>REMOVAL EAR TUBE W PATCH</b>	69424 Ventilating tube removal requiring general anesthesia 69610 Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch 69620 Myringoplasty (surgery confined to drumhead and donor area)	ENT
<b>REMOVAL, TYMPANOSTOMY TUBE</b>	<b>REMOVAL EAR TUBE</b>	69424 Ventilating tube removal requiring general anesthesia	ENT
<b>REPAIR ENTEROCELE &amp;/ CYSTOCELE &amp;/ RECTOCELE</b>	<b>REPAIR ENTEROCELE &amp;/ CYSTOCELE &amp;/ RECTOCELE</b>	57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Gynecology
<b>REPAIR HERNIA INGUINAL/FEMORAL BILATERAL</b>	<b>REPAIR HERNIA INGUINAL/FEMORAL BILATERAL</b>	49505 Repair initial inguinal hernia, age 5 years or older; reducible	General
<b>REPAIR OR EMBOLECTOMY, ARTERY, BRACHIAL</b>	<b>REPAIR BRACHIAL ARTERY/EMBOLECTOMY BRACHIAL ARTERY</b>	34101 Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision 35011 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision *35013 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision 35206 Repair blood vessel, direct; upper extremity *35523 Bypass graft, with vein; brachial-ulnar or -radial *35525 Bypass graft, with vein; brachial-brachial	Vascular
<b>REPAIR OR RECONSTRUCTION, LIGAMENT, ANKLE</b>	<b>REPAIR/RECONSTRUCTION LIGAMENT ANKLE</b>	27695 Repair, primary, disrupted ligament, ankle; collateral 27696 Repair, primary, disrupted ligament, ankle; both collateral ligaments 27698 Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) 29888 Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction 29889 Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Orthopedics, Podiatry
<b>REPAIR OR REPLACEMENT, MITRAL VALVE, MINIMALLY INVASIVE, RIGHT THORACOTOMY APPROACH, USING HEARTPORT TECHNIQUE</b>	<b>REPAIR/REPLACE MITRAL VALVE HEARTPORT W RIGHT THORACOTOMY</b>	*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass; *33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	Cardiac/Open Heart
<b>REPAIR OR REPLACEMENT, MITRAL VALVE</b>	<b>REPAIR/REPLACEMENT MITRAL VALVE</b>	*0345T Transcatheter mitral valve repair percutaneous approach via the coronary sinus *33418 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis 33419 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure) *33420 Valvotomy, mitral valve; closed heart	Cardiac/Open Heart

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New Name	Old Name	CPT Code	Service
<b>REPAIR OR REPLACEMENT, MITRAL VALVE</b>	<b>REPAIR/REPLACEMENT MITRAL VALVE</b>	*33422 Valvotomy, mitral valve; open heart, with cardiopulmonary bypass	Cardiac/Open Heart
		*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;	
		*33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	
		*33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	
		*33430 Replacement, mitral valve, with cardiopulmonary bypass	
<b>REPAIR OR REPLACEMENT, TRICUSPID VALVE</b>	<b>REPAIR/REPLACEMENT TRICUSPID VALVE</b>	92987 Percutaneous balloon valvuloplasty; mitral valve	Cardiac/Open Heart
		*33463 Valvuloplasty, tricuspid valve; without ring insertion	
<b>REPAIR, ABDOMINAL AORTIC ANEURYSM (AAA)</b>	<b>REPAIR ANEURYSM ABDOMINAL AORTA</b>	*33464 Valvuloplasty, tricuspid valve; with ring insertion	Vascular
		*33465 Replacement, tricuspid valve, with cardiopulmonary bypass	
		*34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext	
		*34702 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext	
		*34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	
		*34704 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	
		*34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	
		*34706 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	
		*34830 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis	
		*34831 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis	

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New Name	Old Name	CPT Code	Service
<b>REPAIR, ABDOMINAL AORTIC ANEURYSM (AAA)</b>	<b>REPAIR ANEURYSM ABDOMINAL AORTA</b>	*34832 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis	Vascular
		*34841 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	
		*34842 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	
		*34843 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	
		*34844 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte	
		*34845 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	
		*34846 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	
		*34847 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	
		*34848 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula	
		*35081 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta	
		*35082 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta	

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New Name	Old Name	CPT Code	Service
<b>REPAIR, ABDOMINAL AORTIC ANEURYSM (AAA)</b>	<b>REPAIR ANEURYSM ABDOMINAL AORTA</b>	*35091 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, ren	Vascular
		*35092 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	
		*35102 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, exter	
		*35103 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	
<b>REPAIR, ALVEOLAR CLEFT</b>	<b>REPAIR MAXILLARY CLEFT ALVEOLUS</b>	42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	Dental Surgery, ENT
		42210 Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	
<b>REPAIR, ANEURYSM, AORTA, DESCENDING THORACIC, ENDOVASCULAR</b>	<b>REPAIR ANEURYSM ENDOVASCULAR DESCENDING THORACIC AORTA</b>	*33880 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora	Vascular
		*33881 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t	
<b>REPAIR, ANEURYSM, AORTA, THORACIC, DESCENDING</b>	<b>REPAIR THORACIC ANEURYSM (DESCENDING AORTA)</b>	*33875 Descending thoracic aorta graft, with or without bypass	Cardiac/Open Heart
		*33877 Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass	
		*33880 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora	
		*33881 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t	
		*33883 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension	



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New Name	Old Name	CPT Code	Service
<b>REPAIR, ANEURYSM, AORTOILIAC, ENDOVASCULAR</b>	<b>REPAIR ANEURYSM ENDOVASCULAR ABDOMINAL AORTA/ILIAC ARTERY</b>	<p>*33880 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora</p> <p>*33881 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t</p> <p>*33883 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension</p> <p>*33884 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separatel</p> <p>*34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext</p> <p>*34702 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext</p> <p>*34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpreta</p> <p>*34704 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpreta</p> <p>*34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat</p> <p>*34706 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat</p>	Vascular

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New Name	Old Name	CPT Code	Service
<b>REPAIR, ANEURYSM, AORTOILIAC, ENDOVASCULAR</b>	<b>REPAIR ANEURYSM ENDOVASCULAR ABDOMINAL AORTA/ILIAC ARTERY</b>	<p>*34841 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte</p> <p>*34842 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte</p> <p>*34843 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte</p> <p>*34844 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte</p> <p>*34845 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula</p> <p>*34846 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula</p> <p>*34847 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula</p> <p>*34848 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula</p>	Vascular
<b>REPAIR, ANEURYSM, ARTERY, FEMORAL</b>	<b>REPAIR FEMORAL ANEURYSM/ANGIOPLASTY FEMORAL</b>	<p>*35141 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)</p> <p>*35142 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)</p>	Vascular

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New Name	Old Name	CPT Code	Service
<b>REPAIR, ANEURYSM, CARDIAC VENTRICLE</b>	<b>REPAIR VENTRICULAR ANEURYSM</b>	*33542 Myocardial resection (eg, ventricular aneurysmectomy)	Cardiac/Open Heart
		*33548 Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)	
<b>REPAIR, ANUS OR RECTUM</b>	<b>PROCTOPLASTY/ANOPLASTY</b>	45500 Proctoplasty; for stenosis	Colorectal, General
		45505 Proctoplasty; for prolapse of mucous membrane	
		45520 Perirectal injection of sclerosing solution for prolapse	
		*45540 Proctopexy (eg, for prolapse); abdominal approach	
		45541 Proctopexy (eg, for prolapse); perineal approach	
		*45550 Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	
		*45562 Exploration, repair, and presacral drainage for rectal injury;	
		*45800 Closure of rectovesical fistula;	
		*45805 Closure of rectovesical fistula; with colostomy	
		*45820 Closure of rectourethral fistula;	
		*45825 Closure of rectourethral fistula; with colostomy	
		45900 Reduction of procidentia (separate procedure) under anesthesia	
		46700 Anoplasty, plastic operation for stricture; adult	
		*46705 Anoplasty, plastic operation for stricture; infant	
		46706 Repair of anal fistula with fibrin glue	
		46707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	
		*46715 Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)	
		*46716 Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula	
		*46730 Repair of high imperforate anus without fistula; perineal or sacroperineal approach	
		*46735 Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches	
		*46740 Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach	
		*46742 Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches	
		*46744 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach	
		*46746 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;	
		*46748 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps	
		46750 Sphincteroplasty, anal, for incontinence or prolapse; adult	

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New Name	Old Name	CPT Code	Service
<b>REPAIR, ANUS OR RECTUM</b>	<b>PROCTOPLASTY/ANOPLASTY</b>	*46751 Sphincteroplasty, anal, for incontinence or prolapse; child	Colorectal, General
		46753 Graft (Thiersch operation) for rectal incontinence and/or prolapse	
		46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant	
		46761 Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	
<b>REPAIR, ARTERY, PROFUNDA FEMORIS, PROXIMAL</b>	<b>PROFUNDOPLASTY</b>	35226 Repair blood vessel, direct; lower extremity	Vascular
		35256 Repair blood vessel with vein graft; lower extremity	
		35286 Repair blood vessel with graft other than vein; lower extremity	
<b>REPAIR, ATRIAL SEPTAL DEFECT, ROBOT-ASSISTED, USING XI</b>	<b>REPAIR ATRIAL SEPTAL DEFECT W XI ROBOTICS</b>	*33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	Cardiac/Thoracic Robotics
<b>REPAIR, ATRIAL SEPTAL DEFECT</b>	<b>REPAIR ATRIAL SEPTAL DEFECT</b>	*33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	Cardiovascular, Cardiac/Open Heart
		93580 Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	
<b>REPAIR, BLEPHAROPTOSIS</b>	<b>REPAIR PTOSIS</b>	67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Maxillofacial
		67902 Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
		67903 Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
		67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
		67906 Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
		67908 Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	
<b>REPAIR, CYSTOCELE</b>		57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed	Gynecology
<b>REPAIR, DEFECT, PARAVAGINAL, VAGINAL APPROACH</b>	<b>REPAIR PARA VAGINAL VAGINAL APPROACH</b>	57285 Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	Gynecology
<b>REPAIR, EAR</b>		12011 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	Plastics
		12013 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	
		12014 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	
		12015 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	
		12016 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	
		12017 Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	

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<b>REPAIR, EAR</b>		12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	Plastics
		12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	
		12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	
		12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	
		12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	
		12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	
		12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	
		12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	
		13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	
		13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	
		13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	
		<b>REPAIR, ECTROPION, EYE, BILATERAL</b>	<b>REPAIR ECTROPIAN BILATERAL</b>	
67915	Repair of ectropion; thermocauterization			
67916	Repair of ectropion; excision tarsal wedge			
67917	Repair of ectropion; extensive (eg, tarsal strip operations)			
<b>REPAIR, ECTROPION, EYE, UNILATERAL</b>	<b>REPAIR ECTROPIAN UNILATERAL</b>	67914	Repair of ectropion; suture	Maxillofacial
		67915	Repair of ectropion; thermocauterization	
		67916	Repair of ectropion; excision tarsal wedge	
		67917	Repair of ectropion; extensive (eg, tarsal strip operations)	
<b>REPAIR, ENTEROCELE</b>		57268	Repair of enterocele, vaginal approach (separate procedure)	Gynecology
		*57270	Repair of enterocele, abdominal approach (separate procedure)	
<b>REPAIR, ENTEROCELE, WITH VAGINAL VAULT SUSPENSION</b>	<b>REPAIR ENTEROCELE W SUSPENSION VAGINAL VAULT</b>	57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	Gynecology
		57268	Repair of enterocele, vaginal approach (separate procedure)	
		*57270	Repair of enterocele, abdominal approach (separate procedure)	
		*57280	Colpopexy, abdominal approach	
		57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	
<b>REPAIR, ENTROPION, BILATERAL</b>	<b>REPAIR ENTROPIAN BILATERAL</b>	67921	Repair of entropion; suture	Maxillofacial
		67922	Repair of entropion; thermocauterization	
		67923	Repair of entropion; excision tarsal wedge	

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New Name	Old Name	CPT Code	Service
<b>REPAIR, ENTROPION, BILATERAL</b>	<b>REPAIR ENTROPIAN BILATERAL</b>	67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Maxillofacial
<b>REPAIR, ENTROPION, UNILATERAL</b>	<b>REPAIR ENTROPIAN UNILATERAL</b>	67921 Repair of entropion; suture 67922 Repair of entropion; thermocauterization 67923 Repair of entropion; excision tarsal wedge 67924 Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	Maxillofacial
<b>REPAIR, FRACTURE, ORBIT</b>	<b>REPAIR ORBITAL FRACTURE</b>	21400 Closed treatment of fracture of orbit, except blowout; without manipulation 21401 Closed treatment of fracture of orbit, except blowout; with manipulation 21406 Open treatment of fracture of orbit, except blowout; without implant 21407 Open treatment of fracture of orbit, except blowout; with implant 21408 Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	Maxillofacial
<b>REPAIR, HAMMER TOE, WITH OSTEOTOMY</b>	<b>OSTEOTOMY REPAIR HAMMER TOE</b>	28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy) 28312 Osteotomy, shortening, angular or rotational correction; other phalanges, any toe	Podiatry
<b>REPAIR, HAMMER TOE</b>	<b>REPAIR HAMMER/CLAW TOE</b>	28285 Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Orthopedics, Podiatry
<b>REPAIR, HAMSTRING, PROXIMAL</b>	<b>REPAIR HAMSTRING PROXIMAL</b>	27097 Release or recession, hamstring, proximal 27385 Suture of quadriceps or hamstring muscle rupture; primary 27386 Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	Orthopedics
<b>REPAIR, HERNIA, CHEST WALL</b>	<b>REPAIR HERNIA LUNG</b>	*32800 Repair lung hernia through chest wall	Cardiac/Open Heart, Thoracic
<b>REPAIR, HERNIA, EPIGASTRIC, LAPAROSCOPIC</b>	<b>REPAIR HERNIA EPIGASTRIC LAPAROSCOPIC</b>	49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible 49653 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Colorectal, General
<b>REPAIR, HERNIA, EPIGASTRIC, WITH VENTRAL OR INCISIONAL HERNIA REPAIR</b>	<b>REPAIR HERNIA VENTRAL/INCISIONAL &amp; EPIGASTRIC</b>	49560 Repair initial incisional or ventral hernia; reducible 49561 Repair initial incisional or ventral hernia; incarcerated or strangulated 49565 Repair recurrent incisional or ventral hernia; reducible 49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated 49570 Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure) 49572 Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	Colorectal, General
<b>REPAIR, HERNIA, EPIGASTRIC</b>	<b>REPAIR HERNIA EPIGASTRIC</b>	49570 Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	General

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New Name	Old Name	CPT Code	Service
<b>REPAIR, HERNIA, EPIGASTRIC</b>	<b>REPAIR HERNIA EPIGASTRIC</b>	49572 Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	General
<b>REPAIR, HERNIA, FEMORAL, BILATERAL</b>		49550 Repair initial femoral hernia, any age; reducible 49553 Repair initial femoral hernia, any age; incarcerated or strangulated 49555 Repair recurrent femoral hernia; reducible 49557 Repair recurrent femoral hernia; incarcerated or strangulated	General
<b>REPAIR, HERNIA, FEMORAL, RECURRENT, BILATERAL</b>	<b>REPAIR HERNIA INGUINAL/FEMORAL RECURRENT BILATERAL</b>	49555 Repair recurrent femoral hernia; reducible 49557 Repair recurrent femoral hernia; incarcerated or strangulated	General
<b>REPAIR, HERNIA, HIATAL, LAPAROSCOPIC</b>		43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh 43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Bariatric
<b>REPAIR, HERNIA, HIATAL, LAPAROSCOPIC, USING SPHINCTER AUGMENTATION DEVICE, WITH FUNDOPLICATION IF INDICATED</b>	<b>LAPAROSCOPIC HIATAL HERNIA REPAIR W/SPINCHTER AUGMENTATION DEVICE W/POSSIBLE FUNDOPLICATION</b>	43284 Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	General Robotics
<b>REPAIR, HERNIA, HIATAL, OPEN</b>	<b>REPAIR HIATAL HERNIA OPEN</b>	*43332 Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis *43333 Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis *43334 Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis *43335 Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis *43336 Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis *43337 Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	General
<b>REPAIR, HERNIA, HIATAL, ROBOT-ASSISTED, LAPAROSCOPIC, USING SI, WITH SPHINCTER AUGMENTATION DEVICE INSERT, WITH FUNDOPLICATION IF INDICATED</b>		43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	General Robotics
<b>REPAIR, HERNIA, HIATAL, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI, WITH SPHINCTER AUGMENTATION DEVICE INSERT, WITH FUNDOPLICATION IF INDICATED</b>	<b>XI ROBOTIC ASSISTED LAPAROSCOPIC HIATAL HERNIA REPAIR WITH SPINCHTER AUGMENTATION DEVICE W/POSSIBLE FUNDOPLICATION</b>	43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	General Robotics
<b>REPAIR, HERNIA, INCISIONAL OR VENTRAL, LAPAROSCOPIC</b>	<b>REPAIR HERNIA VENTRAL/INCISIONAL LAPAROSCOPY</b>	49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible 49653 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Colorectal, General

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New Name	Old Name	CPT Code	Service
<b>REPAIR, HERNIA, INCISIONAL OR VENTRAL, LAPAROSCOPIC</b>	<b>REPAIR HERNIA VENTRAL/INCISIONAL LAPAROSCOPY</b>	49654 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Colorectal, General
		49655 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
		49656 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	
		49657 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
<b>REPAIR, HERNIA, INCISIONAL OR VENTRAL, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>	<b>REPAIR HERNIA INCISIONAL/VENTRAL LAPAROSCOPIC W XI ROBOTICS</b>	49560 Repair initial incisional or ventral hernia; reducible	Bariatric Robotics, Colorectal Robotics, General Robotics
		49561 Repair initial incisional or ventral hernia; incarcerated or strangulated	
		49565 Repair recurrent incisional or ventral hernia; reducible	
		49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated	
		49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	
		49653 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	
		49654 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	
		49655 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
		49656 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	
<b>REPAIR, HERNIA, INCISIONAL OR VENTRAL, USING COMPONENT SEPARATION TECHNIQUE, ROBOT-ASSISTED, USING XI</b>	<b>RETRO RECTUS COMPLEX VENTRAL HERNIA REPAIR W XI ROBOTICS</b>	15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk	General Robotics
		49560 Repair initial incisional or ventral hernia; reducible	
		49561 Repair initial incisional or ventral hernia; incarcerated or strangulated	
		49565 Repair recurrent incisional or ventral hernia; reducible	
		49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated	
<b>REPAIR, HERNIA, INCISIONAL OR VENTRAL, USING COMPONENT SEPARATION, OPEN</b>		15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk	General
		49560 Repair initial incisional or ventral hernia; reducible	
		49561 Repair initial incisional or ventral hernia; incarcerated or strangulated	
		49565 Repair recurrent incisional or ventral hernia; reducible	
		49568 Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)	



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<b>REPAIR, HERNIA, INCISIONAL, VENTRAL, OR UMBILICAL, ROBOT-ASSISTED, LAPAROSCOPIC, USING SI</b>	<b>REPAIR HERNIA INCISIONAL/VENTRAL/UMBILICAL LAPAROSCOPIC W SI ROBOTICS</b>	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Colorectal Robotics, General Robotics
		49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	
		49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	
		49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
<b>REPAIR, HERNIA, INGUINAL OR FEMORAL, RECURRENT</b>	<b>REPAIR HERNIA INGUINAL/FEMORAL RECURRENT</b>	49520	Repair recurrent inguinal hernia, any age; reducible	General
		49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	
		49525	Repair inguinal hernia, sliding, any age	
		49555	Repair recurrent femoral hernia; reducible	
		49557	Repair recurrent femoral hernia; incarcerated or strangulated	
<b>REPAIR, HERNIA, INGUINAL OR FEMORAL</b>	<b>REPAIR HERNIA INGUINAL/FEMORAL</b>	49505	Repair initial inguinal hernia, age 5 years or older; reducible	General
		49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	
		49520	Repair recurrent inguinal hernia, any age; reducible	
		49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	
		49525	Repair inguinal hernia, sliding, any age	
		49550	Repair initial femoral hernia, any age; reducible	
		49553	Repair initial femoral hernia, any age; incarcerated or strangulated	
		49555	Repair recurrent femoral hernia; reducible	
<b>REPAIR, HERNIA, INGUINAL, BILATERAL</b>		49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	General
		49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	
		49505	Repair initial inguinal hernia, age 5 years or older; reducible	
		49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	
		49520	Repair recurrent inguinal hernia, any age; reducible	
		49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	
		49525	Repair inguinal hernia, sliding, any age	
		<b>REPAIR, HERNIA, INGUINAL, BILATERAL, LAPAROSCOPIC</b>	<b>REPAIR HERNIA INGUINAL LAPAROSCOPY BILATERAL</b>	
49651	Laparoscopy, surgical; repair recurrent inguinal hernia			
<b>REPAIR, HERNIA, INGUINAL, BILATERAL, ROBOT-ASSISTED, USING SI</b>	<b>REPAIR HERNIA INGUINAL BILATERAL W SI ROBOTICS</b>	49650	Laparoscopy, surgical; repair initial inguinal hernia	General Robotics, Urology Robotics
		49651	Laparoscopy, surgical; repair recurrent inguinal hernia	

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<b>REPAIR, HERNIA, INGUINAL, BILATERAL, ROBOT-ASSISTED, USING XI</b>	<b>REPAIR HERNIA INGUINAL BILATERAL W XI ROBOTICS</b>	49650	Laparoscopy, surgical; repair initial inguinal hernia	General Robotics, Urology Robotics
		49651	Laparoscopy, surgical; repair recurrent inguinal hernia	
<b>REPAIR, HERNIA, INGUINAL, LAPAROSCOPIC</b>	<b>REPAIR HERNIA INGUINAL LAPAROSCOPY</b>	49650	Laparoscopy, surgical; repair initial inguinal hernia	General
		49651	Laparoscopy, surgical; repair recurrent inguinal hernia	
<b>REPAIR, HERNIA, INGUINAL, RECURRENT, BILATERAL</b>		49520	Repair recurrent inguinal hernia, any age; reducible	General
		49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	
<b>REPAIR, HERNIA, INGUINAL, UNILATERAL, ROBOT-ASSISTED, USING SI</b>	<b>REPAIR HERNIA INGUINAL UNILATERAL W SI ROBOTICS</b>	49650	Laparoscopy, surgical; repair initial inguinal hernia	General Robotics, Urology Robotics
		49651	Laparoscopy, surgical; repair recurrent inguinal hernia	
<b>REPAIR, HERNIA, INGUINAL, UNILATERAL, ROBOT-ASSISTED, USING XI</b>	<b>REPAIR HERNIA INGUINAL UNILATERAL W XI ROBOTICS</b>	49650	Laparoscopy, surgical; repair initial inguinal hernia	General Robotics, Urology Robotics
		49651	Laparoscopy, surgical; repair recurrent inguinal hernia	
<b>REPAIR, HERNIA, PARASTOMAL</b>	<b>REPAIR HERNIA PARASTOMAL</b>	44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	Colorectal, General
<b>REPAIR, HERNIA, UMBILICAL OR SPIGELIAN, ROBOT-ASSISTED, USING XI</b>	<b>REPAIR HERNIA UMBILICAL/SPIGELIAN W XI ROBOTICS</b>	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Colorectal Robotics, General Robotics
		49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	
<b>REPAIR, HERNIA, UMBILICAL, LAPAROSCOPIC</b>	<b>REPAIR HERNIA UMBILICAL LAPAROSCOPY</b>	49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Bariatric, General
		49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	
<b>REPAIR, HERNIA, UMBILICAL</b>	<b>REPAIR HERNIA UMBILICAL</b>	49580	Repair umbilical hernia, younger than age 5 years; reducible	Colorectal, General
		49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	
		49585	Repair umbilical hernia, age 5 years or older; reducible	
		49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	
<b>REPAIR, HERNIA, VENTRAL, SPIGELIAN, OR INCISIONAL</b>	<b>REPAIR HERNIA VENTRAL/INCISIONAL/SPIGELIAN</b>	49560	Repair initial incisional or ventral hernia; reducible	Colorectal, General
		49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	
		49565	Repair recurrent incisional or ventral hernia; reducible	
		49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	
		49590	Repair Spigelian hernia	
<b>REPAIR, LACERATION, CERVIX OR VAGINA</b>	<b>REPAIR CERVICAL/DEEP VAGINAL LACERATION POST VAGINAL DELIVERY</b>	57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)	Obstetrics
		57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	
		57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	

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New Name	Old Name	CPT Code	Service
<b>REPAIR, LACERATION, EYELID</b>	<b>REPAIR LID LACERATION</b>	12051 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	Maxillofacial, Ophthalmology
		12052 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	
		12053 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	
		12054 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	
		12055 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	
		12056 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	
		12057 Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	
		13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	
		13152 Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	
		67930 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	
		67935 Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	
<b>REPAIR, LACERATION, HAND</b>	<b>REPAIR LACERATION FINGER/HAND</b>	12041 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	Orthopedics
		12042 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	
		12044 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	
		12045 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	
		12046 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	
		12047 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	
		13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	
		13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	
<b>REPAIR, LACRIMAL CANALICULUS</b>	<b>REPAIR CANALICULI EYE</b>	68700 Plastic repair of canaliculi	Maxillofacial
		68705 Correction of everted punctum, cautery	
		68760 Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery	
		68761 Closure of the lacrimal punctum; by plug, each	
<b>REPAIR, LIGAMENT, ULNAR COLLATERAL, METACARPOPHALANGEAL (MCP) JOINT, THUMB</b>	<b>REPAIR GAMEKEEPER'S THUMB</b>	26540 Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	Orthopedics

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<b>REPAIR, LIGAMENT, WRIST</b>	<b>REPAIR LIGAMENT WRIST</b>	25320 Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability	Orthopedics
<b>REPAIR, MITRAL AND TRICUSPID VALVES</b>	<b>REPAIR MITRAL VALVE W REPAIR TRICUSPID VALVE</b>	*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass; *33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring *33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring *33463 Valvuloplasty, tricuspid valve; without ring insertion *33464 Valvuloplasty, tricuspid valve; with ring insertion	Cardiac/Open Heart
<b>REPAIR, MITRAL VALVE, ROBOT-ASSISTED, MINIMALLY INVASIVE, USING HEARTPORT TECHNIQUE, USING XI</b>	<b>REPAIR MITRAL VALVE HEARTPORT W XI ROBOTICS</b>	*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass; *33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	Cardiac/Thoracic Robotics
<b>REPAIR, MITRAL VALVE, TRANSCATHETER</b>	<b>TRANSCATHETER MITRAL VALVE REPAIR</b>	*0345T Transcatheter mitral valve repair percutaneous approach via the coronary sinus *33418 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis 33419 Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	Cardiac, Cardiovascular, Cardiac/Open Heart
<b>REPAIR, NASAL VALVE, USING SEPTAL CARTILAGE GRAFT</b>	<b>REPAIR NASAL VALVE W SEPTOCARTILAGE GRAFT</b>	20912 Cartilage graft; nasal septum 30465 Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	ENT
<b>REPAIR, NASAL VALVE</b>	<b>VALVEPLASTY NASAL</b>	30465 Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	ENT
<b>REPAIR, NERVE, FINGER</b>		64702 Neuroplasty; digital, 1 or both, same digit 64831 Suture of digital nerve, hand or foot; 1 nerve	Orthopedics
<b>REPAIR, NERVE, HAND</b>		64702 Neuroplasty; digital, 1 or both, same digit 64704 Neuroplasty; nerve of hand or foot 64831 Suture of digital nerve, hand or foot; 1 nerve 64834 Suture of 1 nerve; hand or foot, common sensory nerve 64835 Suture of 1 nerve; median motor thenar 64836 Suture of 1 nerve; ulnar motor 64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length 64891 Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length 64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length 64896 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length 64901 Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	Orthopedics

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<b>REPAIR, NERVE, HAND</b>		64902 Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	Orthopedics
		64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve	
		64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve	
		64912 Nerve repair; with nerve allograft, each nerve, first strand (cable)	
<b>REPAIR, PATENT FORAMEN OVALE</b>	<b>REPAIR PATENT FORAMEN OVALE</b>	*33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch	Cardiac, Cardiovascular
		*33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure	
		93580 Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	
<b>REPAIR, PROLAPSE, RECTUM, ALTEMEIER</b>	<b>ALTEMEIER PROCEDURE (RECTOSIGMOIDECTOMY TRANSANAL)</b>	*45130 Excision of rectal procidentia, with anastomosis; perineal approach	Colorectal, General
		*45135 Excision of rectal procidentia, with anastomosis; abdominal and perineal approach	
<b>REPAIR, PTOSIS, BROW</b>	<b>REPAIR PTOSIS BROW</b>	67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Maxillofacial
<b>REPAIR, PTOSIS, WITH BLEPHAROPLASTY, BILATERAL</b>	<b>BLEPHAROPLASTY &amp; REPAIR PTOSIS BILATERAL</b>	15820 Blepharoplasty, lower eyelid;	Maxillofacial
		15822 Blepharoplasty, upper eyelid;	
		67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
<b>REPAIR, PTOSIS, WITH SUSPENSION OF UPPER EYELID FROM FRONTALIS MUSCLE USING FASCIA LATA SLING</b>	<b>REPAIR PTOSIS W FRONTAL SUSPENSION SLING BILATERAL</b>	67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Maxillofacial
		67902 Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
<b>REPAIR, RECTOCELE</b>		45560 Repair of rectocele (separate procedure)	Gynecology
<b>REPAIR, ROTATOR CUFF, WITH ACROMIOPLASTY AND DISTAL CLAVICLE RESECTION</b>	<b>ACROMIOPLASTY DISTAL CLAVICLE/REPAIR ROTATOR CUFF SHOULDER</b>	23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Orthopedics
		29824 Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	
		29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	
<b>REPAIR, ROTATOR CUFF</b>	<b>REPAIR ROTATOR CUFF</b>	23410 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	Orthopedics
		23412 Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	
		23420 Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	
		29827 Arthroscopy, shoulder, surgical; with rotator cuff repair	
<b>REPAIR, SHOULDER, BANKART</b>	<b>STABILIZATION SHOULDER (BANKART PROCEDURE)</b>	23455 Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	Orthopedics
		29806 Arthroscopy, shoulder, surgical; capsulorrhaphy	
<b>REPAIR, TENDON OR LIGAMENT, HAND OR WRIST, INCLUDING FINGERS, COMPLEX</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND COMPLEX</b>	25260 Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle	Orthopedics

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<b>REPAIR, TENDON OR LIGAMENT, HAND OR WRIST, INCLUDING FINGERS, COMPLEX</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND COMPLEX</b>	25263 Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle	Orthopedics
		25265 Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	
		25270 Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle	
		25272 Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle	
		25274 Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	
		26350 Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	
		26352 Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	
		26356 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	
		26357 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	
		26358 Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	
		26370 Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	
		26372 Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	
		26373 Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	
		26390 Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	
		26410 Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	
		26412 Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	
		26418 Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	
		26420 Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	
26426 Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger			

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<b>REPAIR, TENDON OR LIGAMENT, HAND OR WRIST, INCLUDING FINGERS, COMPLEX</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND COMPLEX</b>	26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	Orthopedics
		26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	
		26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	
		26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	
		26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	
		26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	
		26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	
		<b>REPAIR, TENDON OR LIGAMENT, HAND OR WRIST, INCLUDING FINGERS, SIMPLE</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND SIMPLE</b>	
25263	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle			
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle			
25270	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle			
25272	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle			
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle			
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon			
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon			
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon			
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon			
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon			
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon			

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New Name	Old Name	CPT Code	Service	
<b>REPAIR, TENDON OR LIGAMENT, HAND OR WRIST, INCLUDING FINGERS, SIMPLE</b>	<b>REPAIR (TENDON/LIGAMENT) FINGER/HAND SIMPLE</b>	26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	Orthopedics
		26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	
		26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	
		26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	
		26412	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon	
		26418	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon	
		26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	
		26426	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger	
		26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	
		26433	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)	
		26434	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)	
		26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	
		26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	
		26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	
		26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	
		<b>REPAIR, TENDON, ACHILLES</b>	<b>REPAIR TENDON FOOT /ACHILLES</b>	
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)			
27654	Repair, secondary, Achilles tendon, with or without graft			
<b>REPAIR, TENDON, BICEPS</b>	<b>REPAIR TENDON BICEPS</b>	24340	Tenodesis of biceps tendon at elbow (separate procedure)	Orthopedics
		24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	
<b>REPAIR, TENDON, PATELLAR</b>	<b>REPAIR TENDON PATELLA</b>	27380	Suture of infrapatellar tendon; primary	Orthopedics
		27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	
<b>REPAIR, TENDON, PECTORALIS</b>		24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	Orthopedics



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<b>REPAIR, TENDON, PERONEAL</b>	<b>REPAIR TENDON PERONEAL</b>	27658	Repair, flexor tendon, leg; primary, without graft, each tendon	Orthopedics, Podiatry
		27659	Repair, flexor tendon, leg; secondary, with or without graft, each tendon	
		27675	Repair, dislocating peroneal tendons; without fibular osteotomy	
		27676	Repair, dislocating peroneal tendons; with fibular osteotomy	
<b>REPAIR, TENDON, QUADRICEPS</b>	<b>REPAIR TENDON QUADRICEPS</b>	27385	Suture of quadriceps or hamstring muscle rupture; primary	Orthopedics
		27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	
<b>REPAIR, TRICHIASIS</b>	<b>CORRECTION OF TRICHIASIS</b>	67820	Correction of trichiasis; epilation, by forceps only	Maxillofacial
		67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	
		67830	Correction of trichiasis; incision of lid margin	
		67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	
<b>REPAIR, TRICUSPID VALVE</b>	<b>REPAIR TRISCUPID VALVE</b>	*0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Cardiac/Open Heart
		*33463	Valvuloplasty, tricuspid valve; without ring insertion	
		*33464	Valvuloplasty, tricuspid valve; with ring insertion	
<b>REPAIR, TYMPANIC MEMBRANE, USING PATCH</b>	<b>INSERTION TYMPANIC PATCH</b>	69610	Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	ENT
<b>REPAIR, VAGINAL INTROITUS</b>		56800	Plastic repair of introitus	Gynecology
<b>REPAIR, VENTRICULAR SEPTAL DEFECT</b>	<b>REPAIR VENTRICULAR SEPTAL DEFECT</b>	*33545	Repair of postinfarction ventricular septal defect, with or without myocardial resection	Cardiac, Cardiovascular, Cardiac/Open Heart
		*33681	Closure of single ventricular septal defect, with or without patch;	
		93581	Percutaneous transcatheter closure of a congenital ventricular septal defect with implant	
<b>REPLACEMENT, AORTA, ASCENDING</b>	<b>REPLACEMENT ASCENDING AORTA</b>	*33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	Cardiac/Open Heart
		*33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	
<b>REPLACEMENT, AORTIC VALVE AND TRICUSPID VALVE</b>	<b>REPLACEMENT AORTIC VALVE W REPLACEMENT TRICUSPID VALVE</b>	*33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Cardiac/Open Heart
		*33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
		*33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	
		*33465	Replacement, tricuspid valve, with cardiopulmonary bypass	
<b>REPLACEMENT, AORTIC VALVE, MINIMALLY INVASIVE, RIGHT THORACOTOMY APPROACH, USING HEARTPORT TECHNIQUE</b>	<b>REPLACEMENT AORTIC VALVE W HEARTPORT W THORACOTOMY RIGHT</b>	*33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Cardiac/Open Heart
		*33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	

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New Name	Old Name	CPT Code	Service
<b>REPLACEMENT, AORTIC VALVE, MINIMALLY INVASIVE, RIGHT THORACOTOMY APPROACH, USING HEARTPORT TECHNIQUE</b>	<b>REPLACEMENT AORTIC VALVE W HEARTPORT W THORACOTOMY RIGHT</b>	*33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	Cardiac/Open Heart
		*33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	
		*33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	
		*33413 Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	
<b>REPLACEMENT, AORTIC VALVE, MINIMALLY INVASIVE</b>	<b>REPLACEMENT AORTIC VALVE MINIMALLY INVASIVE</b>	*33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Cardiac/Open Heart
		*33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
		*33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
		*33364 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	
		*33365 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	
		*33366 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	
		*33367 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	
		*33368 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	
		*33369 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	
		*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	
<b>REPLACEMENT, AORTIC VALVE, REPEAT</b>	<b>REPLACEMENT AORTIC VALVE REDO</b>	*33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Cardiac/Open Heart
		*33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
		*33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
		*33364 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	

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<b>REPLACEMENT, AORTIC VALVE, REPEAT</b>	<b>REPLACEMENT AORTIC VALVE REDO</b>	*33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Cardiac/Open Heart
		*33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	
		*33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	
		*33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	
		*33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	
		*33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	
		*33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
		*33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	
		*33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	
		*33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	
		*33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	
		*33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)	
		<b>REPLACEMENT, AORTIC VALVE, TRANSAPICAL APPROACH</b>	<b>TRANSAPICAL AORTIC VALVE IMPLANT THORACIC</b>	
<b>REPLACEMENT, AORTIC VALVE, TRANSCATHETER, FEMORAL APPROACH</b>	<b>TRANSCATHETER AORTIC VALVE IMPLANT FEMORAL</b>	*33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Cardiac, Cardiovascular, Cardiac/Open Heart
		*33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
<b>REPLACEMENT, AORTIC VALVE, TRANSCATHETER, SUBCLAVIAN ARTERY APPROACH</b>	<b>TRANSCATHETER AORTIC VALVE IMPLANT SUBCLAVIAN</b>	*33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Cardiac, Cardiovascular, Cardiac/Open Heart
<b>REPLACEMENT, AORTIC VALVE, TRANSCATHETER, TRANSAORTIC APPROACH</b>	<b>TRANSAORTIC AORTIC VALVE REPLACEMENT</b>	*33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Cardiac, Cardiovascular, Cardiac/Open Heart

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<b>REPLACEMENT, AORTIC VALVE, TRANSCATHETER, TRANSAXILLARY APPROACH</b>		*33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Cardiac, Cardiovascular, Cardiac/Open Heart
<b>REPLACEMENT, AORTIC VALVE, WITH ASCENDING AORTA REPLACEMENT AND TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</b>	<b>REPLACEMENT AORTIC VALVE W REPLACEMENT ASCENDING AORTA W TRANSESOPHAGEAL ECHO</b>	*33863 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)  93355 Echocardiography, transesophageal (tee) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial ap	Cardiac/Open Heart
<b>REPLACEMENT, AORTIC VALVE, WITH MITRAL VALVE REPAIR OR REPLACEMENT AND TRICUSPID VALVE REPAIR OR REPLACEMENT</b>	<b>REPAIR/REPLACE MITRAL REPLACE AORTIC REPAIR TRICUSPID VALVES</b>	*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve  *33406 Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)  *33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve  *33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus  *33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)  *33413 Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)  *33420 Valvotomy, mitral valve; closed heart  *33422 Valvotomy, mitral valve; open heart, with cardiopulmonary bypass  *33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;  *33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring  *33430 Replacement, mitral valve, with cardiopulmonary bypass  *33440 Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)  *33463 Valvuloplasty, tricuspid valve; without ring insertion  *33464 Valvuloplasty, tricuspid valve; with ring insertion  *33468 Tricuspid valve repositioning and plication for Ebstein anomaly	Cardiac/Open Heart
<b>REPLACEMENT, AORTIC VALVE, WITH MITRAL VALVE REPAIR OR REPLACEMENT</b>	<b>REPLACE AORTIC VALVE REPAIR/REPLACE MITRAL VALVE</b>	*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve  *33406 Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)  *33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve  *33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	Cardiac/Open Heart

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<b>REPLACEMENT, AORTIC VALVE, WITH MITRAL VALVE REPAIR OR REPLACEMENT</b>	<b>REPLACE AORTIC VALVE REPAIR/REPLACE MITRAL VALVE</b>	*33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	Cardiac/Open Heart
		*33413 Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	
		*33420 Valvotomy, mitral valve; closed heart	
		*33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;	
		*33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	
		*33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	
		*33430 Replacement, mitral valve, with cardiopulmonary bypass	
		*33440 Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	
<b>REPLACEMENT, AORTIC VALVE, WITH TRICUSPID VALVE REPAIR</b>	<b>REPLACEMENT AORTIC VALVE W REPAIR TRICUSPID VALVE</b>	*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Cardiac/Open Heart
		*33406 Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
		*33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	
		*33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	
		*33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	
		*33440 Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)	
		*33463 Valvuloplasty, tricuspid valve; without ring insertion	
		*33464 Valvuloplasty, tricuspid valve; with ring insertion	
<b>REPLACEMENT, AORTIC VALVE</b>	<b>REPLACEMENT AORTIC VALVE</b>	*33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Cardiac/Open Heart
		*33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
		*33363 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
		*33364 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	
		*33365 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	
		*33366 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	

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<b>REPLACEMENT, AORTIC VALVE</b>	<b>REPLACEMENT AORTIC VALVE</b>	*33405 Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	Cardiac/Open Heart
		*33406 Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
		*33410 Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	
		*33411 Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	
		*33412 Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	
		*33413 Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	
<b>REPLACEMENT, CARDIAC PACEMAKER, WITH BIVENTRICULAR CARDIAC PACEMAKER</b>	<b>BIVENTRICULAR PACEMAKER UPGRADE</b>	33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Cardiac, Cardiovascular
<b>REPLACEMENT, DRESSING, OPERATIVE SITE</b>	<b>CHANGE DRESSING IN SURGICAL ENVIRONMENT</b>	15852 Dressing change (for other than burns) under anesthesia (other than local)	General, Thoracic
<b>REPLACEMENT, DRESSING</b>	<b>PACU DRESSING CHANGE W ANESTHESIA IP</b>	15852 Dressing change (for other than burns) under anesthesia (other than local)	Bariatric, Cardiac/Open Heart, Cardiovascular, Colorectal, ENT, General, Gynecology, Orthopedics, Pacemakers, Plastics, Spine, Thoracic, Urology, Vascular
<b>REPLACEMENT, ELECTRODE LEAD AND PULSE GENERATOR, SPINAL CORD STIMULATOR</b>	<b>SPINAL CORD STIMULATION GENERATOR AND LEAD REPLACEMENT/EXCHANGE</b>	63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Pain Management
		63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
<b>REPLACEMENT, ELECTRODE LEAD, CARDIAC PACEMAKER, LESS THAN 1 YEAR AFTER INSERTION</b>	<b>EXPLANT PACEMAKER LEAD LESS THAN 1 YEAR WITH REINSERT LEAD</b>	33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Pacemakers
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular	
		33235 Removal of transvenous pacemaker electrode(s); dual lead system	
		*33238 Removal of permanent transvenous electrode(s) by thoracotomy	
<b>REPLACEMENT, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), LESS THAN 1 YEAR AFTER INSERTION</b>	<b>EXPLANT CARDIOVERTER LEAD LESS 1 YEAR WITH REINSERT LEAD</b>	33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator	Pacemakers
		33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator	
		*33243 Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy	
		33244 Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction	
		33271 Insertion of subcutaneous implantable defibrillator electrode	

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<b>REPLACEMENT, ELECTRODE LEAD, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), LESS THAN 1 YEAR AFTER INSERTION</b>	<b>EXPLANT CARDIOVERTER LEAD LESS 1 YEAR WITH REINSERT LEAD</b>	33272	Removal of subcutaneous implantable defibrillator electrode
<b>REPLACEMENT, ELECTRODE LEAD, SPINAL CORD STIMULATOR</b>	<b>SPINAL CORD STIMULATION LEAD REPLACEMENT</b>	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
		63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
<b>REPLACEMENT, IMPLANT, BREAST, BILATERAL</b>	<b>EXCHANGE BREAST IMPLANT BILATERAL</b>	19325	Breast augmentation with implant
		19328	Removal of intact breast implant
		19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
		19342	Insertion or replacement of breast implant on separate day from mastectomy
<b>REPLACEMENT, IMPLANT, BREAST</b>	<b>EXCHANGE BREAST IMPLANT</b>	19325	Breast augmentation with implant
		19328	Removal of intact breast implant
		19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)
		19342	Insertion or replacement of breast implant on separate day from mastectomy
<b>REPLACEMENT, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), SINGLE ELECTRODE DEVICE WITH BIVENTRICULAR DEVICE</b>	<b>BIVENTRICULAR ICD UPGRADE</b>	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
<b>REPLACEMENT, MITRAL AND TRICUSPID VALVES</b>	<b>REPLACEMENT MITRAL VALVE W REPLACEMENT TRICUSPID VALVE</b>	*33430	Replacement, mitral valve, with cardiopulmonary bypass
		*33465	Replacement, tricuspid valve, with cardiopulmonary bypass
<b>REPLACEMENT, MITRAL VALVE, REPEAT</b>	<b>REPLACEMENT MITRAL VALVE REDO</b>	*33430	Replacement, mitral valve, with cardiopulmonary bypass
		*33530	Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)
<b>REPLACEMENT, MITRAL VALVE, WITH TRICUSPID VALVE REPAIR OR REPLACEMENT</b>	<b>REPLACEMENT MITRAL VALVE W REPAIR TRICUSPID VALVE</b>	*33430	Replacement, mitral valve, with cardiopulmonary bypass
		*33463	Valvuloplasty, tricuspid valve; without ring insertion
		*33464	Valvuloplasty, tricuspid valve; with ring insertion
<b>REPLACEMENT, PULSE GENERATOR, CARDIAC PACEMAKER, BIVENTRICULAR</b>	<b>REPLACE BIVENTRICULAR PACEMAKER GENERATOR</b>	33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
<b>REPLACEMENT, PULSE GENERATOR, CARDIAC PACEMAKER, DUAL CHAMBER</b>	<b>GENERATOR CHANGE PACEMAKER DUAL CHAMBER</b>	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
		33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
		33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
<b>REPLACEMENT, PULSE GENERATOR, CARDIAC PACEMAKER</b>	<b>GENERATOR CHANGE PACEMAKER</b>	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system

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REPLACEMENT, PULSE GENERATOR, CARDIAC PACEMAKER	GENERATOR CHANGE PACEMAKER	33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Cardiac, Cardiovascular
		33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	
REPLACEMENT, PULSE GENERATOR, CARDIAC PACEMAKER	REPLACE PACEMAKER GENERATOR	33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Pacemakers
		33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	
		33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	
REPLACEMENT, PULSE GENERATOR, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), BIVENTRICULAR	REPLACE BIVENTRICULAR CARDIOVERTER DEFIBRILLATOR GENERATOR	33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (list separately in addition to code for primary pro	Cardiac/Open Heart, Pacemakers
		33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	
		33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	
REPLACEMENT, PULSE GENERATOR, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), DUAL CHAMBER	GENERATOR CHANGE ICD DUAL CHAMBER	33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Cardiac, Cardiovascular
REPLACEMENT, PULSE GENERATOR, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD), SINGLE CHAMBER	GENERATOR CHANGE ICD SINGLE CHAMBER	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Cardiac, Cardiovascular
REPLACEMENT, PULSE GENERATOR, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)	GENERATOR CHANGE ICD	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Cardiac, Cardiovascular
		33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	
		33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	
REPLACEMENT, PULSE GENERATOR, IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD)	REPLACE IMPLANTABLE CARDIOVERTER DEFIBRILLATOR GENERATOR	33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Pacemakers
		33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	
		33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	



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<b>REPLACEMENT, PULSE GENERATOR, SPINAL CORD STIMULATOR</b>	<b>SPINAL CORD STIMULATION GENERATOR REPLACEMENT/EXCHANGE</b>	63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Pain Management
<b>REPLACEMENT, RADIUS, HEAD</b>	<b>REPLACEMENT RADIAL HEAD</b>	24366 Arthroplasty, radial head; with implant 24666 Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	Orthopedics
<b>REPLACEMENT, SINGLE CHAMBER CARDIAC PACEMAKER PULSE GENERATOR</b>	<b>GENERATOR CHANGE PACEMAKER SINGLE CHAMBER</b>	33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Cardiac, Cardiovascular
<b>REPOSITIONING, ELECTRODE LEAD, SPINAL CORD STIMULATOR</b>	<b>SPINAL CORD STIMULATION REPOSITION LEAD</b>	63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed 63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	Pain Management
<b>RESECTION, ABDOMINOPERINEAL, LAPAROSCOPIC, WITH COLECTOMY</b>	<b>COLECTOMY ABDOMINAL PERINEAL RESECTION LAPAROSCOPY</b>	*45395 Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy *45397 Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	Colorectal, General
<b>RESECTION, ABDOMINOPERINEAL, OPEN, WITH COLECTOMY</b>	<b>COLECTOMY ABDOMINAL PERINEAL RESECTION OPEN</b>	*44147 Colectomy, partial; abdominal and transanal approach *44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy *44151 Colectomy, total, abdominal, without proctectomy; with continent ileostomy	Colorectal, General
<b>RESECTION, ABDOMINOPERINEAL, OPEN, WITH TOTAL COLECTOMY</b>	<b>COLECTOMY TOTAL ABDOMINAL PERINEAL RESECTION OPEN</b>	*44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy *44155 Colectomy, total, abdominal, with proctectomy; with ileostomy	Colorectal, General
<b>RESECTION, ABDOMINOPERINEAL, ROBOT-ASSISTED, USING XI, WITH TOTAL COLECTOMY, WITH LAPAROTOMY IF INDICATED</b>	<b>COLECTOMY TOTAL ABDOMINAL PERINEAL RESECTION POSS OPEN XI ROBOT</b>	*44210 Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy *44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy	Colorectal Robotics
<b>RESECTION, ABDOMINOPERINEAL, ROBOT-ASSISTED, USING XI</b>	<b>COLECTOMY ABDOMINAL PERINEAL RESECTION W XI ROBOTICS</b>	*45395 Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy *45397 Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	Colorectal Robotics
<b>RESECTION, LUNG, THORACOTOMY APPROACH</b>	<b>THORACOTOMY W PNEUMONECTOMY</b>	*32440 Removal of lung, pneumonectomy; *32442 Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) *32445 Removal of lung, pneumonectomy; extrapleural	Thoracic
<b>RESECTION, MUCOSAL LESION, GASTROINTESTINAL (GI) TRACT, ENDOSCOPIC</b>	<b>RESECTION MUCOSAL ENDOSCOPIC</b>	43254 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Gastroenterology

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<b>RESECTION, SMALL INTESTINE, LAPAROSCOPIC</b>	<b>RESECTION SMALL BOWEL LAPAROSCOPY</b>	*44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	Colorectal, General
<b>RESECTION, SMALL INTESTINE, OPEN</b>	<b>RESECTION SMALL BOWEL OPEN</b>	*44120 Enterectomy, resection of small intestine; single resection and anastomosis	Colorectal, General
		*44121 Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	
		*44125 Enterectomy, resection of small intestine; with enterostomy	
		*44126 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering	
		*44127 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering	
		*44128 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)	
<b>RESECTION, SMALL INTESTINE, ROBOT-ASSISTED, USING XI</b>	<b>RESECTION SMALL BOWEL W ROBOTICS XI</b>	*44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis	Colorectal Robotics, General Robotics
		*44203 Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)	
<b>RESTORATION, TOOTH</b>	<b>RESTORATION DENTAL</b>	41899 Unlisted procedure, dentoalveolar structures	Dental Surgery
<b>RESURFACING, SKIN, USING CO2 LASER</b>	<b>GRAFT DERMAL W CO2 LASER</b>	17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Plastics
<b>REVERSAL, FALLOPIAN TUBE OCCLUSION</b>	<b>REVERSAL FALLOPIAN TUBAL OCCLUSION</b>	*58750 Tubotubal anastomosis	Gynecology
<b>REVISION OR CLOSURE, COLOSTOMY OR ILEOSTOMY, LAPAROSCOPIC</b>	<b>REVISION/CLOSURE COLOSTOMY/ILEOSTOMY LAPAROSCOPY</b>	*44227 Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	Colorectal, General
<b>REVISION OR REMOVAL, DIALYSIS ARTERIOVENOS (AV) FISTULA OR GRAFT, LOWER EXTREMITY</b>	<b>REVISION/EXCISION FISTULA/ACCESS GRAFT LOWER EXTREMITY</b>	36832 Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	Vascular
<b>REVISION OR REMOVAL, DIALYSIS ARTERIOVENOS (AV) FISTULA OR GRAFT, UPPER EXTREMITY</b>	<b>REVISION/EXCISION FISTULA/ACCESS GRAFT UPPER EXTREMITY</b>	35903 Excision of infected graft; extremity	Vascular
		36832 Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	
<b>REVISION OR REMOVAL, IMPLANT, ORBIT</b>	<b>REVISION/EXPLANT OF ORBITAL IMPLANT</b>	67560 Orbital implant (implant outside muscle cone); removal or revision	Maxillofacial
<b>REVISION OR REMOVAL, MESH, VAGINAL WALL, ANTERIOR</b>	<b>REVISION/EXCISION ANTERIOR VAGINAL WALL MESH</b>	57295 Revision (including removal) of prosthetic vaginal graft; vaginal approach	Gynecology
		*57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach	
		57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	
<b>REVISION OR REMOVAL, MESH, VAGINAL WALL, POSTERIOR</b>	<b>REVISION/EXCISION POSTERIOR VAGINAL WALL MESH</b>	57295 Revision (including removal) of prosthetic vaginal graft; vaginal approach	Gynecology

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<b>REVISION OR REMOVAL, MESH, VAGINAL WALL, POSTERIOR</b>	<b>REVISION/EXCISION POSTERIOR VAGINAL WALL MESH</b>	*57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Gynecology
		57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	
<b>REVISION OR REMOVAL, MESH, VAGINA</b>	<b>REVISION/REMOVAL VAGINAL WALL MESH</b>	57295 Revision (including removal) of prosthetic vaginal graft; vaginal approach	Gynecology
		*57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach	
		57426 Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	
<b>REVISION OR REMOVAL, SHUNT, VENTRICULOPERITONEAL</b>	<b>REMOVAL/REVISION VENTRICULAR PERITONEAL SHUNT</b>	62230 Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system	Neurosurgery
		*62256 Removal of complete cerebrospinal fluid shunt system; without replacement	
<b>REVISION, AMPUTATION, FINGER</b>	<b>AMPUTATION FINGER REVISION</b>	26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	Orthopedics
		26952 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)	
<b>REVISION, AMPUTATION, LOWER EXTREMITY</b>	<b>AMPUTATION REVISION LEG</b>	27594 Amputation, thigh, through femur, any level; secondary closure or scar revision	Vascular
		27596 Amputation, thigh, through femur, any level; re-amputation	
		27884 Amputation, leg, through tibia and fibula; secondary closure or scar revision	
		27886 Amputation, leg, through tibia and fibula; re-amputation	
		28810 Amputation, metatarsal, with toe, single	
<b>REVISION, ANASTOMOSIS, GASTROJEJUNAL</b>	<b>REVISION GASTRO-JEJUNAL ANASTAMOSIS</b>	*43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy	Bariatric, General
		*43865 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	
<b>REVISION, AUGMENTATION, BREAST</b>	<b>REVISION OF BREAST AUGMENTATION</b>	19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Aesthetics
<b>REVISION, BYPASS, ARTERIAL, FEMORAL TO FEMORAL</b>		35879 Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	Vascular
		35881 Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	
		35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	
		35884 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	

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<b>REVISION, CATHETER, DIALYSIS, PERITONEAL</b>	<b>REVISION PERITONEAL DIALYSIS CATHETER</b>	49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed	Vascular
<b>REVISION, COLOSTOMY OR ILEOSTOMY</b>	<b>REVISION COLOSTOMY/ILEOSTOMY</b>	44312 Revision of ileostomy; simple (release of superficial scar) (separate procedure)	Colorectal, General
		44314 Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	
		44340 Revision of colostomy; simple (release of superficial scar) (separate procedure)	
		44345 Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	
		44346 Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	
<b>REVISION, ELECTRODE LEAD</b>	<b>LEAD REVISION</b>	0270T Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Cardiac, Cardiovascular
		0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	
		0467T Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	
		33215 Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	
		33226 Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	
		33273 Repositioning of previously implanted subcutaneous implantable defibrillator electrode	
		43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	
		*43882 Revision or removal of gastric neurostimulator electrodes, antrum, open	
		61880 Revision or removal of intracranial neurostimulator electrodes	
		63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
		63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
		64569 Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	

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<b>REVISION, ELECTRODE LEAD</b>	<b>LEAD REVISION</b>	64585 Revision or removal of peripheral neurostimulator electrode array	Cardiac, Cardiovascular
<b>REVISION, INSERTION, OR REMOVAL, GASTROSTOMY OR JEJUNOSTOMY TUBE</b>	<b>INSERTION/REVISION/REMOVAL TUBE GASTROSTOMY/JEJUNOSTOMY</b>	43246 Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Bariatric, General
		43762 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract	
		43763 Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract	
		44186 Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)	
		44372 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube	
		44373 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	
		49440 Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
		49441 Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
		49446 Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
		49450 Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
		49451 Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
<b>REVISION, MASTOIDECTOMY</b>		69601 Revision mastoidectomy; resulting in complete mastoidectomy	ENT
		69602 Revision mastoidectomy; resulting in modified radical mastoidectomy	
		69603 Revision mastoidectomy; resulting in radical mastoidectomy	
		69604 Revision mastoidectomy; resulting in tympanoplasty	
<b>REVISION, RECONSTRUCTION, BREAST, BILATERAL, TRANSABDOMINAL FLAP</b>	<b>RECONSTRUCTION BREAST W MUSCLE FLAP REVISION BILATERAL</b>	19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Plastics
<b>REVISION, RECONSTRUCTION, BREAST, BILATERAL</b>	<b>REVISION RECONSTRUCTION BREAST BILATERAL</b>	19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Plastics

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<b>REVISION, RECONSTRUCTION, BREAST, UNILATERAL, TRANSABDOMINAL FLAP</b>	<b>RECONSTRUCTION BREAST W MUSCLE FLAP REVISION UNILATERAL</b>	19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Plastics
<b>REVISION, RECONSTRUCTION, BREAST, UNILATERAL</b>	<b>REVISION RECONSTRUCTION BREAST UNILATERAL</b>	19380 Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Plastics
<b>REVISION, REVERSE TOTAL ARTHROPLASTY, SHOULDER</b>	<b>REVISION REVERSE TOTAL SHOULDER REPLACEMENT</b>	23473 Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component 23474 Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Orthopedics
<b>REVISION, RHINOPLASTY</b>	<b>RHINOPLASTY REVISION</b>	30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work) 30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) 30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Aesthetics, ENT, Plastics
<b>REVISION, SCAR, BREAST, USING CO2 LASER</b>	<b>REVISION SCAR BREAST W CO2 LASER</b>	17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Plastics
<b>REVISION, SCAR, USING CO2 LASER</b>	<b>REVISION SCARS W CO2 LASER</b>	13100 Repair, complex, trunk; 1.1 cm to 2.5 cm 13101 Repair, complex, trunk; 2.6 cm to 7.5 cm 13102 Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) 13120 Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm 13121 Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm 13122 Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) 13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm 13132 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm 13133 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) 13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm 13152 Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm 13153 Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	ENT, Plastics
<b>REVISION, SCAR</b>	<b>REVISION SCAR</b>	11400 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	Aesthetics, ENT, General, Plastics

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New Name	Old Name	CPT Code	Service	
<b>REVISION, SCAR</b>	<b>REVISION SCAR</b>	11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	Aesthetics, ENT, General, Plastics
		11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
		11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
		11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
		11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
		11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
		11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
		11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
		11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
		11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
		11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
		11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	
		11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	
		11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm			
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm			

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New Name	Old Name	CPT Code	Service	
<b>REVISION, SCAR</b>	<b>REVISION SCAR</b>	11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	Aesthetics, ENT, General, Plastics
<b>REVISION, SKIN POCKET, FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) OR CARDIAC PACEMAKER</b>	<b>POCKET REVISION</b>	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	Cardiac, Cardiovascular
		33222	Relocation of skin pocket for pacemaker	
		33223	Relocation of skin pocket for implantable defibrillator	
		33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	
<b>REVISION, SKIN POCKET, FOR IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) OR CARDIAC PACEMAKER</b>	<b>REVISION POCKET PACEMAKER/CARDIOVERTER DEFIBRILATOR</b>	33215	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode	Pacemakers
		33222	Relocation of skin pocket for pacemaker	
		33223	Relocation of skin pocket for implantable defibrillator	
		33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	
<b>REVISION, TOTAL ARTHROPLASTY, KNEE, STAGED</b>		27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	Orthopedics
<b>REVISION, TOTAL ARTHROPLASTY, HIP, ANTERIOR APPROACH</b>	<b>REVISION ANTERIOR TOTAL HIP REPLACEMENT</b>	27090	Removal of hip prosthesis; (separate procedure)	Orthopedics
		27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	
		27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	
		27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	
		27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	
<b>REVISION, TOTAL ARTHROPLASTY, HIP</b>	<b>REVISION/REIMPLANTATION TOTAL HIP</b>	27090	Removal of hip prosthesis; (separate procedure)	Orthopedics
		27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	
		27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	
		27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	
		27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	
<b>REVISION, TOTAL ARTHROPLASTY, KNEE</b>	<b>REVISION/REIMPLANTATION TOTAL KNEE</b>	27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Orthopedics
		27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	
<b>REVISION, TOTAL ARTHROPLASTY, SHOULDER</b>	<b>REVISION TOTAL SHOULDER REPLACEMENT</b>	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Orthopedics
		23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	



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New Name	Old Name	CPT Code	Service
<b>REWIRING, STERNUM, WITH CHEST WALL FLAP PROCEDURE</b>	<b>REWIRE STERNAL WOUND W CHEST WALL FLAP</b>	14000 Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	Cardiac/Open Heart
		14001 Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	
		21750 Closure of median sternotomy separation with or without debridement (separate procedure)	
<b>RHINOPLASTY, FOR DORSAL HUMP DEFORMITY REPAIR</b>	<b>REDUCTION DORSAL HUMP</b>	30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Aesthetics
<b>RHINOPLASTY, MAJOR, TIP</b>	<b>MAJOR TIPLASTY</b>	30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Aesthetics
		30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
<b>RHINOPLASTY, MINOR, TIP</b>	<b>MINOR TIPLASTY</b>	30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Aesthetics
		30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
<b>RHINOPLASTY, TIP</b>	<b>TIPLASTY NASAL</b>	30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Aesthetics
		30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
		30460 Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	
<b>RHINOPLASTY</b>	<b>RHINOPLASTY</b>	30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Aesthetics, ENT, Plastics
		30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
		30420 Rhinoplasty, primary; including major septal repair	
		30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
		30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
		30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
<b>RHINOSEPTOPLASTY, CLOSED</b>	<b>SEPTORHINOPLASTY CLOSED</b>	30420 Rhinoplasty, primary; including major septal repair	ENT
		30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
<b>RHINOSEPTOPLASTY, OPEN</b>	<b>SEPTORHINOPLASTY OPEN</b>	30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	ENT
		30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
		30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
<b>RHINOSEPTOPLASTY</b>	<b>SEPTORHINOPLASTY</b>	30420 Rhinoplasty, primary; including major septal repair	ENT
<b>RHYTIDECTOMY, FACE</b>	<b>RHYTIDECTOMY(FACE LIFT)</b>	15824 Rhytidectomy; forehead	Aesthetics
		15826 Rhytidectomy; glabellar frown lines	

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New Name	Old Name	CPT Code	Service
<b>RHYTIDECTOMY, FACE</b>	<b>RHYTIDECTOMY(FACE LIFT)</b>	15828 Rhytidectomy; cheek, chin, and neck	Aesthetics
		15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	
<b>RHYTIDECTOMY, NECK, BOTH SIDES</b>	<b>LIFT NECK BILATERAL</b>	15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Aesthetics
		15828 Rhytidectomy; cheek, chin, and neck	
<b>RHYTIDECTOMY, NECK, USING SUSPENSION SUTURE TECHNIQUE</b>	<b>LIFT SUTURE SUSPENSION NECK</b>	15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Aesthetics
		15828 Rhytidectomy; cheek, chin, and neck	
<b>RHYTIDECTOMY, WITH BILATERAL BLEPHAROPLASTY OF UPPER EYELIDS, LOWER EYELIDS, OR BOTH</b>	<b>RHYTIDECTOMY W BLEPHOROPLASTY UPPER AND LOWER BILATERAL</b>	15820 Blepharoplasty, lower eyelid;	Aesthetics
		15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad	
		15822 Blepharoplasty, upper eyelid;	
		15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
<b>RHYTIDECTOMY, WITH BILATERAL UPPER EYELID AND BILATERAL LOWER EYELID BLEPHAROPLASTY</b>	<b>RHYTIDECTOMY W BLEPHOROPLASTY UPPER/ LOWER BILATERAL</b>	15824 Rhytidectomy; forehead	Aesthetics
		15820 Blepharoplasty, lower eyelid;	
		15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad	
		15822 Blepharoplasty, upper eyelid;	
		15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
		15824 Rhytidectomy; forehead	
		15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	
		15826 Rhytidectomy; glabellar frown lines	
		15828 Rhytidectomy; cheek, chin, and neck	
		15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	
<b>SACROCOLPOPEXY, ROBOT-ASSISTED, USING XI</b>	<b>SACROCOLPOPEXY W XI ROBOTIC</b>	57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Gynecology Robotics
<b>SALPINGO-OOPHORECTOMY, BILATERAL, ROBOT-ASSISTED, USING SI</b>		58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Gynecology Robotics
<b>SALPINGO-OOPHORECTOMY, BILATERAL, ROBOT-ASSISTED, USING XI</b>	<b>SALPINGO-OOPHORECTOMY W XI ROBOTICS BILATERAL</b>	58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Gynecology Robotics
<b>SALPINGO-OOPHORECTOMY, LAPAROSCOPIC</b>	<b>SALPINGO-OOPHORECTOMY LAPAROSCOPY (OPERATIVE)</b>	58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Gynecology
<b>SALPINGO-OOPHORECTOMY, OPEN</b>	<b>SALPINGO-OOPHORECTOMY OPEN</b>	*58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	Gynecology
<b>SEPTOPLASTY, NOSE, WITH ENDOSCOPIC NASAL TURBINATE REDUCTION USING CAUTERY</b>	<b>SEPTOPLASTY W TURBINATE CAUTERY/REDUCTION</b>	30130 Excision inferior turbinate, partial or complete, any method	ENT
		30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
<b>SEPTOPLASTY, NOSE, WITH NASAL SEPTAL BUTTON INSERTION</b>	<b>NASAL SEPTOPLASTY W BUTTON IMPLANT</b>	30220 Insertion, nasal septal prosthesis (button)	ENT
		30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	

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New Name	Old Name	CPT Code	Service
<b>SEPTOPLASTY, NOSE</b>	<b>SEPTOPLASTY</b>	30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	ENT
<b>SIALODOCHOPLASTY</b>		42500 Plastic repair of salivary duct, sialodochoplasty; primary or simple 42505 Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	ENT
<b>SIALOLITHOTOMY, INTRAORAL</b>		42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral 42335 Sialolithotomy; submandibular (submaxillary), complicated, intraoral 42340 Sialolithotomy; parotid, extraoral or complicated intraoral	ENT
<b>SIGMOIDOSCOPY, FLEXIBLE, WITH ARGON PLASMA COAGULATION</b>	<b>SIGMOIDOSCOPY FLEXIBLE WITH ARGON PLASMA COAGULATOR WITH ANESTHESIA</b>	45334 Sigmoidoscopy, flexible; with control of bleeding, any method	Colorectal, Gastroenterology
<b>SIGMOIDOSCOPY, FLEXIBLE, WITH RADIOFREQUENCY ABLATION (RFA) OF RADIATION PROCTITIS LESION</b>	<b>FLEXIBLE SIGMOIDOSCOPY W RFA OF RADIATION PROCTITIS W ANESTHESIA</b>	45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)	Gastroenterology
<b>SIGMOIDOSCOPY, FLEXIBLE</b>	<b>SIGMOIDOSCOPY FLEXIBLE W ANESTHESIA</b>	45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) 45331 Sigmoidoscopy, flexible; with biopsy, single or multiple 45332 Sigmoidoscopy, flexible; with removal of foreign body(s) 45333 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps 45334 Sigmoidoscopy, flexible; with control of bleeding, any method 45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance 45337 Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed 45338 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique 45340 Sigmoidoscopy, flexible; with transendoscopic balloon dilation 45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination 45342 Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) 45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) 45347 Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) 45349 Sigmoidoscopy, flexible; with endoscopic mucosal resection 45350 Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	Colorectal, Gastroenterology, General

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New Name	Old Name	CPT Code	Service
<b>SIGMOIDOSCOPY, IN NON-ENDOSCOPY UNIT SETTING</b>	<b>SIGMOIDOSCOPY ROAD TRIP</b>	45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Colorectal, Gastroenterology
<b>SIGMOIDOSCOPY, WITH ENDOSCOPIC ULTRASOUND</b>		45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination	Colorectal, Gastroenterology
<b>SLEEP ENDOSCOPY, DRUG INDUCED</b>		31575 Laryngoscopy, flexible; diagnostic	ENT
<b>SLING OPERATION, WITH CYSTOSCOPY, MALE</b>	<b>INSERTION SLING MALE W CYSTOSCOPY</b>	52000 Cystourethroscopy (separate procedure)	Urology
		52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	
		53440 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	
<b>SPHINCTERECTOMY, SPHINCTEROTOMY, OR SPHINCTEROPLASTY, ANUS</b>	<b>SPHINCTEROTOMY/SPHINCTEROPLASTY</b>	46080 Sphincterotomy, anal, division of sphincter (separate procedure)	Colorectal, General
		46750 Sphincteroplasty, anal, for incontinence or prolapse; adult	
		*46751 Sphincteroplasty, anal, for incontinence or prolapse; child	
		46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant	
		46761 Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)	
		52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)	
<b>SPLENECTOMY, ROBOT-ASSISTED, LAPAROSCOPIC, USING XI</b>		38120 Laparoscopy, surgical, splenectomy	General Robotics
<b>SPLENECTOMY, LAPAROSCOPIC</b>	<b>SPLENECTOMY LAPAROSCOPY</b>	38120 Laparoscopy, surgical, splenectomy	General
<b>SPLENECTOMY, OPEN</b>	<b>SPLENECTOMY OPEN</b>	*38100 Splenectomy; total (separate procedure)	General
		*38101 Splenectomy; partial (separate procedure)	
		*38102 Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	
<b>ST. JUDE FLOUROSCOPY</b>		76000 Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	Cardiac, Cardiovascular
<b>STAB PHLEBECTOMY, VARICOSE VEIN</b>	<b>PHLEBECTOMY STAB</b>	37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	Vascular
		37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
<b>STAPEDECTOMY, TOTAL, USING MICROSCOPE</b>		69660 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;	ENT
		69661 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out	
<b>SURGICAL FRACTURE, INFERIOR NASAL TURBINATE</b>	<b>REPAIR NASAL INFERIOR TURBINATE FRACTURE</b>	30930 Fracture nasal inferior turbinate(s), therapeutic	ENT
<b>SURGICAL PROCEDURE, REPEAT, AFTER OPEN HEART SURGERY, FOR HEMORRHAGE</b>	<b>EXPLORATION OPEN HEART BLEEDER</b>	*32120 Thoracotomy; for postoperative complications	Cardiac/Open Heart
		*35820 Exploration for postoperative hemorrhage, thrombosis or infection; chest	

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New Name	Old Name	CPT Code	Service
<b>SURGICAL PROCEDURE, REPEAT, AFTER OPEN HEART SURGERY, FOR HEMORRHAGE</b>	<b>EXPLORATION OPEN HEART BLEEDER</b>	37244 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation	Cardiac/Open Heart
<b>SURGICAL PROCUREMENT, GRAFT, CARTILAGE, EAR</b>	<b>CARTILAGE GRAFT FROM EAR</b>	21235 Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	ENT, Plastics
<b>SURGICAL PROCUREMENT, ORGAN OR TISSUE</b>	<b>HARVEST ORGAN/PROCUREMENT TISSUE</b>	15769 Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	General
		15770 Graft; derma-fat-fascia	
		*32850 Donor pneumonectomy(s) (including cold preservation), from cadaver donor	
		*33930 Donor cardiectomy-pneumonectomy (including cold preservation)	
		*33940 Donor cardiectomy (including cold preservation)	
		*44132 Donor enterectomy (including cold preservation), open; from cadaver donor	
		*44133 Donor enterectomy (including cold preservation), open; partial, from living donor	
		*47133 Donor hepatectomy (including cold preservation), from cadaver donor	
		*47140 Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III)	
		*47141 Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV)	
		*47142 Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII)	
		48550 Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
		*50300 Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	
		*50320 Donor nephrectomy (including cold preservation); open, from living donor	
		68371 Harvesting conjunctival allograft, living donor	
<b>SURGICAL PROCUREMENT, ORGAN, FOLLOWING CARDIAC DEATH</b>		*32850 Donor pneumonectomy(s) (including cold preservation), from cadaver donor	General
		*33930 Donor cardiectomy-pneumonectomy (including cold preservation)	
		*33940 Donor cardiectomy (including cold preservation)	
		*44132 Donor enterectomy (including cold preservation), open; from cadaver donor	
		*47133 Donor hepatectomy (including cold preservation), from cadaver donor	
		48550 Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
		*50300 Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral	

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New Name	Old Name	CPT Code	Service
<b>SURGICAL PROCUREMENT, RIB FOR BONE GRAFT OR RIB CARTILAGE FOR GRAFT</b>		20900 Bone graft, any donor area; minor or small (eg, dowel or button)	Aesthetics, Plastics
		20902 Bone graft, any donor area; major or large	
		20910 Cartilage graft; costochondral	
<b>SURGICAL PROCUREMENT, VEIN, ENDOSCOPIC</b>	<b>ENDOSCOPIC VEIN HARVESTING</b>	33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)	Vascular
<b>SURGICAL REDUCTION, TORSION, TESTICLE, WITH ORCHIOPEXY</b>	<b>RELEASE TESTICULAR TORSION W ORCHIOPEXY</b>	54600 Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	Urology
<b>SUSPENSION, VAGINAL VAULT, WITHOUT USING MESH, WITH CYSTOSCOPY</b>	<b>SUSPENSION VAGINAL VAULT W/O MESH W CYSTOSCOPY</b>	52000 Cystourethroscopy (separate procedure)	Gynecology
		*57280 Colpopexy, abdominal approach	
		57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	
		57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	
		57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	
<b>SUSPENSION, VAGINAL VAULT, WITHOUT USING MESH, WITH URETHRAL SLING CREATION AND CYSTOSCOPY</b>	<b>SUSPENSION VAGINAL VAULT W/O MESH W SLING W CYSTOSCOPY</b>	51992 Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)	Gynecology
		52000 Cystourethroscopy (separate procedure)	
		*57280 Colpopexy, abdominal approach	
		57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	
		57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	
		57288 Sling operation for stress incontinence (eg, fascia or synthetic)	
		57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	
<b>SUSPENSION, VAGINAL VAULT, WITHOUT USING MESH, WITH URETHRAL SLING CREATION</b>	<b>SUSPENSION VAGINAL VAULT W/O MESH W SUBURETHERAL SLING</b>	*57280 Colpopexy, abdominal approach	Gynecology
		57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	
		57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	
		57288 Sling operation for stress incontinence (eg, fascia or synthetic)	
		57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	
<b>SUSPENSION, VAGINAL VAULT, WITHOUT USING MESH</b>	<b>SUSPENSION VAGINAL VAULT W/O MESH</b>	*57280 Colpopexy, abdominal approach	Gynecology
		57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	
		57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)	
		57425 Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	
<b>SUTURE REPAIR, PERINEUM</b>		12041 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	Gynecology
		12042 Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	

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New Name	Old Name	CPT Code	Service	
<b>SUTURE REPAIR, PERINEUM</b>		12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	Gynecology
		12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	
		12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	
		12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	
		13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	
		13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	
		57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)	
<b>SYMPATHECTOMY, SPINE, THORACIC, THORACOSCOPIC</b>	<b>THORACOSCOPIC SYMPATHECTOMY</b>	*32664	Thoracoscopy, surgical; with thoracic sympathectomy	Thoracic
<b>TENODESIS, BICEPS</b>	<b>TENODESIS TENDON BICEPS</b>	23430	Tenodesis of long tendon of biceps	Orthopedics
		24340	Tenodesis of biceps tendon at elbow (separate procedure)	
		29828	Arthroscopy, shoulder, surgical; biceps tenodesis	
<b>TENOLYSIS, FINGER</b>		26440	Tenolysis, flexor tendon; palm OR finger, each tendon	Orthopedics
		26442	Tenolysis, flexor tendon; palm AND finger, each tendon	
		26445	Tenolysis, extensor tendon, hand OR finger, each tendon	
		26449	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon	
<b>TENOTOMY, FLEXOR, FOOT</b>	<b>TENOTOMY FLEXOR TOE/FOOT</b>	28230	Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure)	Podiatry
		28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	
<b>TENOTOMY, FLEXOR, FOR HAMMER TOE</b>	<b>REPAIR HAMMER TOE W TENOTOMY FLEXOR</b>	28232	Tenotomy, open, tendon flexor; toe, single tendon (separate procedure)	Podiatry
<b>THIGH LIFT, BILATERAL</b>	<b>LIFT THIGH BILATERAL</b>	15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Aesthetics
<b>THORACOSCOPY HYBRID ATRIAL FIBRILLATION PROCEDURE PUMP STDBY</b>				Cardiac/Open Heart
<b>THORACOSCOPY, VIDEO-ASSISTED, WITH BIOPSY</b>	<b>THORACOSCOPY W BIOPSY VIDEO ASSIST</b>	32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	Cardiac/Open Heart, Thoracic
		32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	
		32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	
		32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	
		32609	Thoracoscopy; with biopsy(ies) of pleura	
<b>THORACOSCOPY, WITH EPICARDIAL ELECTRODE LEAD INSERTION</b>	<b>THORACOSCOPY W PLACEMENT EPICARDIAL LEAD CARDIAC</b>	*33203	Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)	Cardiac/Open Heart
<b>THORACOSCOPY, WITH ESOPHAGOSCOPY</b>	<b>PANENDOSCOPY THORACIC</b>	32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	Thoracic

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New Name	Old Name	CPT Code	Service
<b>THORACOSCOPY, WITH ESOPHAGOSCOPY</b>	<b>PANENDOSCOPY THORACIC</b>	43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	Thoracic
		43197 Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
<b>THORACOTOMY, ROBOT-ASSISTED, USING XI, WITH LOBECTOMY OR WEDGE RESECTION OF LUNG</b>		*32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)	Cardiac/Thoracic Robotics
		*32505 Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	
		*32506 Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	
		*32507 Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	
<b>THORACOTOMY, WITH HIATAL HERNIA REPAIR AND ESOPHGOSCOPY</b>	<b>THORACOTOMY, REPAIR HERNIA HIATAL OPEN, ESOPHAGOSCOPY</b>	43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)	Thoracic
		43197 Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
		43200 Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
		*43334 Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	
<b>THORACOTOMY, WITH LOBECTOMY OR WEDGE RESECTION OF LUNG</b>	<b>THORACOTOMY W WEDGE RESECTION &amp; LOBECTOMY</b>	*32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)	Thoracic
		*32505 Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	
		*32506 Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	
		*32507 Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	
<b>THORACOTOMY, WITH LOBECTOMY</b>	<b>THORACOTOMY W LOBECTOMY</b>	*32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)	Cardiac/Open Heart, Thoracic
		*32482 Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)	
<b>THORACOTOMY, WITH LUNG DECORTICATION</b>	<b>THORACOTOMY W PULMONARY DECORTICATION OPEN</b>	*32220 Decortication, pulmonary (separate procedure); total	Thoracic
		*32225 Decortication, pulmonary (separate procedure); partial	
<b>THORACOTOMY, WITH PERICARDIAL BIOPSY, PERICARDIAL EFFUSION DRAINAGE, AND PERICARDIAL WINDOW CREATION</b>	<b>DRAINAGE/BIOPSY PERICARDIAL WINDOW THORACOTOMY</b>	*33025 Creation of pericardial window or partial resection for drainage	Thoracic



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New Name	Old Name	CPT Code	Service
<b>THORACOTOMY, WITH PERICARDIAL BIOPSY, PERICARDIAL EFFUSION DRAINAGE, AND PERICARDIAL WINDOW CREATION</b>	<b>DRAINAGE/BIOPSY PERICARDIAL WINDOW THORACOTOMY</b>	*39010 Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy	Thoracic
<b>THORACOTOMY, WITH WEDGE RESECTION AND BLEB RESECTION</b>	<b>THORACOTOMY W WEDGE RESECTION W BLEB RESECTION</b>	*32141 Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed *32505 Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	Thoracic
<b>THROMBECTOMY, CORONARY ARTERY, PERCUTANEOUS, TRANSLUMINAL</b>	<b>THROMBECTOMY CORONARY</b>	92973 Percutaneous transluminal coronary thrombectomy mechanical (list separately in addition to code for primary procedure)	Cardiac, Cardiovascular
<b>THROMBOLYSIS, BYPASS GRAFT</b>	<b>THROMBOLYSIS BYPASS GRAFT</b>	37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca	Cardiac, Cardiovascular
<b>THROMBOLYSIS, CORONARY ARTERY</b>	<b>THROMBOLYSIS CORONARY</b>	*92975 Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography 92977 Thrombolysis, coronary; by intravenous infusion	Cardiac, Cardiovascular
<b>THROMBOLYSIS, PERIPHERAL BLOOD VESSEL</b>	<b>THROMBOLYSIS PERIPHERAL</b>	37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca	Cardiac, Cardiovascular
<b>THYMECTOMY, ROBOT-ASSISTED, USING XI</b>	<b>THYMECTOMY W XI ROBOTICS</b>	*32673 Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral	Cardiac/Thoracic Robotics

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New Name	Old Name	CPT Code	Service
<b>THYROIDECTOMY, SUBTOTAL (LOBECTOMY)</b>	<b>THYROIDECTOMY SUBTOTAL/LOBECTOMY</b>	60210 Partial thyroid lobectomy, unilateral; with or without isthmusectomy	General
		60212 Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy	
		60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	
<b>THYROIDECTOMY, TOTAL WITH LARGE GOITER</b>		60240 Thyroidectomy, total or complete	General
		60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	
<b>THYROIDECTOMY, TOTAL WITH LIMITED NECK DISSECTION</b>		60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	General
<b>THYROIDECTOMY, TOTAL</b>	<b>THYROIDECTOMY TOTAL</b>	60240 Thyroidectomy, total or complete	General
		60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection	
<b>TILT TABLE TEST</b>	<b>TILT TABLE</b>	93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention	Cardiac, Cardiovascular
<b>TONSILLECTOMY AND ADENOIDECTOMY, WITH BILATERAL MYRINGOTOMY AND TYMPANOSTOMY TUBES INSERTION</b>	<b>TONSILLECTOMY ADENOIDECTOMY + MYRINGOTOMY W TUBES BILATERAL</b>	42820 Tonsillectomy and adenoidectomy; younger than age 12	ENT
		42821 Tonsillectomy and adenoidectomy; age 12 or over	
		69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	
<b>TONSILLECTOMY AND ADENOIDECTOMY</b>	<b>TONSILLECTOMY ADENOIDECTOMY</b>	69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	ENT
		42820 Tonsillectomy and adenoidectomy; younger than age 12	
<b>TONSILLECTOMY, WITH BILATERAL MYRINGOTOMY AND TYMPANOSTOMY TUBE INSERTION</b>	<b>TONSILECTOMY + MYRINGOTOMY W TUBES BILATERAL</b>	42821 Tonsillectomy and adenoidectomy; age 12 or over	ENT
		42825 Tonsillectomy, primary or secondary; younger than age 12	
<b>TONSILLECTOMY, WITH MYRINGOTOMY AND TYMPANOSTOMY TUBE INSERTION</b>	<b>TONSILECTOMY + MYRINGOTOMY W TUBES UNILATERAL</b>	42826 Tonsillectomy, primary or secondary; age 12 or over	ENT
		69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	
<b>TONSILLECTOMY</b>	<b>TONSILLECTOMY</b>	42825 Tonsillectomy, primary or secondary; younger than age 12	ENT
		42826 Tonsillectomy, primary or secondary; age 12 or over	
		69420 Myringotomy including aspiration and/or eustachian tube inflation	
		69421 Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	
		69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	
		69436 Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

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New Name	Old Name	CPT Code	Service
<b>TRACHELECTOMY, VAGINAL APPROACH</b>	<b>TRACHELECTOMY/CERVICECTOMY VAGINAL</b>	57530 Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	Gynecology
<b>TRANSANAL ENDOSCOPIC MICROSURGERY (TEMS PROCEDURE)</b>	<b>TRANSANAL ENDOSCOPIC MICROSURGERY (TEMS PROCEDURE)</b>	0184T Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness) 45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) 45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	Colorectal
<b>TRANSANAL MINIMALLY INVASIVE SURGERY (TAMIS)</b>	<b>TRANSANAL MINIMALLY INVASIVE SURGERY</b>	0184T Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness) 45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) 45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)	Colorectal, Colorectal Robotics
<b>TRANSCATHETER AORTIC VALVE REPLACEMENT (CARDIOLOGY)</b>			Cardiovascular, Cardiac/Open Heart
<b>TRANSCATHETER AORTIC VALVE REPLACEMENT CLINICAL TRIAL LOW RISK</b>			Cardiac, Cardiovascular, Cardiac/Open Heart
<b>TRANSFER, FAT TISSUE</b>	<b>TRANSFER FAT/INJECTION FAT</b>	15769 Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) 15771 Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate 15773 Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Aesthetics, Plastics
<b>TRANSFER, TENDON, FOOT</b>	<b>TRANSFER TENDON FOOT</b>	27690 Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) 27691 Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) 27692 Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure) 28238 Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)	Podiatry
<b>TRANSFER, TENDON, HAND</b>	<b>GRAFT/TRANSFER TENDON HAND</b>	26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon 26483 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	Orthopedics

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>TRANSFER, TENDON, HAND</b>	<b>GRAFT/TRANSFER TENDON HAND</b>	26485	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon	Orthopedics
		26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	
		26490	Opponensplasty; superficialis tendon transfer type, each tendon	
		26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	
		26497	Transfer of tendon to restore intrinsic function; ring and small finger	
		26498	Transfer of tendon to restore intrinsic function; all 4 fingers	
<b>TRANSPOSITION, NERVE, ULNAR, AT ELBOW</b>	<b>TRANSPOSITION ULNA NERVE ELBOW</b>	64718	Neuroplasty and/or transposition; ulnar nerve at elbow	Orthopedics
<b>TRANSPOSITION, VEIN, BASILIC</b>	<b>BASILIC VEIN TRANSPOSITION</b>	36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	Vascular
<b>TRANSURETHRAL RESECTION PROSTATECTOMY (TURP), USING FORTEC LASER ABLATION</b>		52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	Urology
		52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	
		52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are inc	
<b>TRANSURETHRAL RESECTION PROSTATECTOMY (TURP), USING GREEN LIGHT LASER, HOLMIUM LASER, BUTTON ELECTRODE, OR RESECTOSCOPE</b>	<b>PROSTATECTOMY TRANSURETHRAL RESECTION</b>	52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	Urology
<b>TRANSURETHRAL RESECTION PROSTATECTOMY (TURP), USING GREEN LIGHT LASER</b>	<b>PROSTATECTOMY TRANSURETHRAL GREEN LIGHT LASER ABLATION</b>	52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Urology
<b>TRANSURETHRAL RESECTION PROSTATECTOMY (TURP), USING HOLMIUM LASER</b>	<b>PROSTATECTOMY TRANSURETHRAL HI POWER HOLMIUM LASER ABLATION</b>	52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)	Urology
		52649	Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are inc	

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New Name	Old Name	CPT Code	Service
<b>TYMPANOPLASTY</b>	<b>TYMPANOPLASTY</b>	69631 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction	ENT
		69632 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)	
		69633 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [porp], total ossicular repl	
<b>ULTRASOUND, ENDOSCOPIC, WITH FIDUCIAL MARKER INSERTION</b>	<b>ENDOSCOPIC ULTRASOUND W FIDUCIAL MARKER PLACEMENT W ANESTHESIA</b>	31626 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Gastroenterology
		31654 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to	
		32553 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	
		41019 Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	
		43253 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of	
		49327 Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List sepa	
		76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	
		<b>ULTRASOUND, FETUS, IN LABOR AND DELIVERY</b>	
	76816 Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a prev		
<b>ULTRASOUND, INTRAOPERATIVE</b>	<b>GU ULTRASOUND IN THE OPERATING ROOM</b>	76998 Ultrasonic guidance, intraoperative	Urology

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New Name	Old Name	CPT Code	Service	
<b>ULTRASOUND, LOWER GASTROINTESTINAL (GI) TRACT, ENDOSCOPIC</b>	<b>LOWER ENDOSCOPIC ULTRASOUND W ANESTHESIA</b>	44406	Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures	Colorectal, Gastroenterology
		45341	Sigmoidoscopy, flexible; with endoscopic ultrasound examination	
		45391	Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures	
<b>ULTRASOUND, TRANSRECTAL</b>		76872	Ultrasound, transrectal;	Colorectal, Gastroenterology, Urology
<b>ULTRASOUND, UPPER GASTROINTESTINAL (GI) TRACT, ENDOSCOPIC, WITH FINE NEEDLE ASPIRATION, AND PATHOLOGICAL EXAM</b>	<b>ASPIRATION NEEDLE W ENDOSCOPIC ULTRASOUND W ANESTHESIA</b>	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	Gastroenterology
		43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent stru	
		45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	
		45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and a	
<b>ULTRASOUND, UPPER GASTROINTESTINAL (GI) TRACT, ENDOSCOPIC, WITH FINE NEEDLE ASPIRATION, FIDUCIAL MARKER INSERTION, AND PATHOLOGICAL EXAMINATION</b>	<b>ENDOSCOPIC ULTRASOUND W FINE NEEDLE ASPIRATION W FIDUCIAL MARKER PLACEMENT W ANESTHESIA AND PATHOLOGY</b>	10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	Gastroenterology
		43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent stru	
		43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgicall	
		45342	Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)	
		45392	Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and a	

SJH Procedures - All Services

New Name	Old Name	CPT Code	Service	
<b>ULTRASOUND, UPPER GASTROINTESTINAL (GI) TRACT, ENDOSCOPIC</b>	<b>UPPER ENDOSCOPIC ULTRASOUND W ANESTHESIA</b>	43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	Gastroenterology
		43237	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures	
		43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent stru	
		43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgicall	
		43259	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis	
<b>URETEROURETEROSTOMY, ROBOT-ASSISTED, USING XI</b>	<b>RE-ANASTOMOSIS URETERO-URETERO LAPAROSCOPIC XI ROBOTIC</b>	*50760	Ureteroureterostomy	Urology Robotics
<b>URETHRECTOMY, TOTAL</b>	<b>URETHRECTOMY TOTAL</b>	53210	Urethrectomy, total, including cystostomy; female	Urology
		53215	Urethrectomy, total, including cystostomy; male	
<b>UVULECTOMY</b>	<b>UVULECTOMY</b>	42140	Uvulectomy, excision of uvula	ENT
<b>VAGINECTOMY, WITH COLPOCLEISIS, SUBURETHRAL SLING CREATION, AND CYSTOSCOPY</b>	<b>VAGINECTOMY W COLPOCLEISIS W INSERTION SLING W CYSTOSCOPY</b>	52000	Cystourethroscopy (separate procedure)	Gynecology
		57106	Vaginectomy, partial removal of vaginal wall;	
		*57110	Vaginectomy, complete removal of vaginal wall;	
		57120	Colpocleisis (Le Fort type)	
		57288	Sling operation for stress incontinence (eg, fascia or synthetic)	
<b>VAGINECTOMY, WITH LE FORT PARTIAL COLPOCLEISIS</b>	<b>VAGINECTOMY (LEFORT PROCEDURE) W COLPOCLEISIS</b>	57106	Vaginectomy, partial removal of vaginal wall;	Gynecology
		57120	Colpocleisis (Le Fort type)	
<b>VAGINECTOMY</b>	<b>VAGINECTOMY (LEFORT PROCEDURE)</b>	57120	Colpocleisis (Le Fort type)	Gynecology
<b>VAGOTOMY, WITH PYLOROPLASTY</b>	<b>VAGOTOMY AND PYLOROPLASTY</b>	*43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	Colorectal, General
		*43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	
<b>VALVULOPLASTY</b>	<b>VALVULOPLASTY</b>	*0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Cardiac, Cardiovascular
		*33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	
		*33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	

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<b>VALVULOPLASTY</b>	<b>VALVULOPLASTY</b>	*33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Cardiac, Cardiovascular
		33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	
		*33425	Valvuloplasty, mitral valve, with cardiopulmonary bypass;	
		*33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring	
		*33427	Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring	
		*33463	Valvuloplasty, tricuspid valve; without ring insertion	
		*33464	Valvuloplasty, tricuspid valve; with ring insertion	
		*33470	Valvotomy, pulmonary valve, closed heart; transventricular	
		*33471	Valvotomy, pulmonary valve, closed heart; via pulmonary artery	
		*33474	Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass	
		*33600	Closure of atrioventricular valve (mitral or tricuspid) by suture or patch	
		*33602	Closure of semilunar valve (aortic or pulmonary) by suture or patch	
		*33610	Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect	
		*33615	Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)	
		92986	Percutaneous balloon valvuloplasty; aortic valve	
92987	Percutaneous balloon valvuloplasty; mitral valve			
92990	Percutaneous balloon valvuloplasty; pulmonary valve			
<b>VASOVASOSTOMY</b>	<b>VASOVASOSTOMY (REVERSAL)</b>	55400	Vasovasostomy, vasovasorrhaphy	Urology
<b>VENOGRAM, LOWER EXTREMITY</b>	<b>VENOGRAM LOWER EXTREMITY</b>	36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	Cardiac, Cardiovascular
		75820	Venography, extremity, unilateral, radiological supervision and interpretation	
		75822	Venography, extremity, bilateral, radiological supervision and interpretation	
<b>VENOGRAM, THORAX</b>	<b>VENOGRAM THORACIC</b>	36010	Introduction of catheter, superior or inferior vena cava	Cardiac, Cardiovascular
		75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	
		75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	
<b>VENOGRAM, UPPER EXTREMITY</b>	<b>VENOGRAM UPPER EXTREMITY</b>	36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	Cardiac, Cardiovascular



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New Name	Old Name	CPT Code	Service
<b>VENOGRAM, UPPER EXTREMITY</b>	<b>VENOGRAM UPPER EXTREMITY</b>	75820 Venography, extremity, unilateral, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>VENOGRAM, VENA CAVA</b>	<b>ANGIOGRAM VENA CAVA</b>	36010 Introduction of catheter, superior or inferior vena cava 75825 Venography, caval, inferior, with serialography, radiological supervision and interpretation 75827 Venography, caval, superior, with serialography, radiological supervision and interpretation	Cardiac, Cardiovascular
<b>VESTIBULECTOMY, VAGINAL</b>	<b>VESTIBULECTOMY VAGINAL</b>	56620 Vulvectomy simple; partial 56625 Vulvectomy simple; complete	Gynecology
<b>VULVECTOMY, PARTIAL, SIMPLE</b>	<b>VULVECTOMY PARTIAL/SIMPLE</b>	56620 Vulvectomy simple; partial	Gynecology
<b>VULVECTOMY, RADICAL, WITH BILATERAL INGUINAL LYMPHADENECTOMY</b>	<b>VULVECTOMY RADICAL W DISSECTION LYMPH NODES GROIN BILATERAL</b>	*56632 Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy *56637 Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	Gynecology
<b>VULVECTOMY, RADICAL</b>	<b>VULVECTOMY RADICAL</b>	56630 Vulvectomy, radical, partial; *56633 Vulvectomy, radical, complete;	Gynecology
<b>VULVECTOMY, SIMPLE, WITH EXCISION OF VULVAR LESION</b>	<b>EXCISION/BIOSPY LESION VULVA W PARTIAL VULVECTOMY</b>	11420 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less 11421 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm 11422 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm 11423 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm 11424 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm 11620 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less 11621 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm 11622 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm 11623 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm 11624 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm 11626 Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm 56620 Vulvectomy simple; partial	Gynecology

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New Name	Old Name	CPT Code	Service
<b>VULVECTOMY, SIMPLE, WITH EXCISION OF VULVAR LESION</b>	<b>EXCISION/BIOSPY LESION VULVA W PARTIAL VULVECTOMY</b>	56625 Vulvectomy simple; complete	Gynecology
<b>WEDGE OSTEOTOMY, FOOT, BASE</b>	<b>OSTEOTOMY BASE WEDGE FOOT</b>	28298 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy, any method	Podiatry
		28299 Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy, any method	
		28310 Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	
<b>WEDGE RESECTION, EYELID</b>	<b>RESECTION WEDGE EYELID</b>	67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	Maxillofacial
		67916 Repair of ectropion; excision tarsal wedge	
		67923 Repair of entropion; excision tarsal wedge	
<b>WEDGE RESECTION, LUNG, ROBOT-ASSISTED, THORACOSCOPIC, USING XI</b>	<b>THORACOSCOPY WEDGE RESECTION W XI ROBOTICS</b>	*32666 Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	Cardiac/Thoracic Robotics
<b>WEDGE RESECTION, LUNG, THORACOSCOPIC</b>	<b>THORACOSCOPY W WEDGE RESECTION</b>	*32666 Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral	Thoracic
		*32667 Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	
		*32668 Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	
<b>WHIPPLE PROCEDURE, ROBOT-ASSISTED, USING XI</b>	<b>WHIPPLE PROCEDURE XI ROBOTIC ASSISTED</b>	*48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	General Robotics
		*48152 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	
		*48153 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	
		*48154 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	
<b>WHIPPLE PROCEDURE</b>	<b>WHIPPLE PROCEDURE</b>	*48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	General
		*48152 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy	

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New Name	Old Name	CPT Code	Service
<b>WHIPPLE PROCEDURE</b>	<b>WHIPPLE PROCEDURE</b>	*48153 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy	General
		*48154 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy	
<b>WIDE EXCISION, LESION, SKIN</b>	<b>EXCISION MASS/LESION WIDE</b>		General, Plastics