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**ICD-10**

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## DIAGNOSES-ICD10

- *All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay review require pre-certification• For all Pneumonia, Bronchitis, and Bronchiolitis diagnoses, children under the age of five are excluded from pre-certification, however continued stay review requires certification*

**Effective – June 2022**

| ICD-10 Diagnosis CODE | DESCRIPTION |
|---|---|
| A06.1 | Chronic Intestinal amebiasis |
| A08.11 | Acute gastroenteropathy due to Norwalk agent |
| A08.19 | Acute gastroenteropathy due to other small round viruses |
| A08.2 | Adenoviral enteritis |
| A08.31 | Calicivirus enteritis |
| A08.32 | Astrovirus enteritis |
| A08.39 | Other viral enteritis |
| A08.8 | Other specified intestinal infections |
| A09 | Infectious gastroenteritis and colitis, unspecified |
| A22.1 | Pulmonary anthrax |
| A37.01 | Whooping cough due to Bordetella pertussis with pneumonia |
| A37.11 | Whooping cough due to Bordetella parapertussis with pneumonia |
| A37.81 | Whooping cough due to other Bordetella species with pneumonia |
| A37.91 | Whooping cough, unspecified species with pneumonia |
| A44.0 | Invasive pulmonary aspergillosis |
| A48.1 | Legionnaires disease |
| B25.0 | Cytomegaloviral pneumonitis |
| G44.201 | Tension-type headache, unspecified, intractable |
| G44.209 | Tension-type headache, unspecified, not intractable |
| G44.211 | Episodic tension-type headache, intractable |
| G44.219 | Episodic tension-type headache, not intractable |
| G44.221 | Chronic tension-type headache, intractable |
| G44.229 | Chronic tension-type headache, not intractable |
| H93.25 | Central auditory processing disorder |
| J12.0 | Adenoviral pneumonia |
| J12.2 | Parainfluenza virus pneumonia |
| J12.3 | Human metapneumovirus pneumonia |
| J12.81 | Pneumonia due to SARS-associated coronavirus |
| J12.89 | Other viral pneumonia |
| J12.9 | Viral pneumonia, unspecified |
| J13 | Pneumonia due to Streptococcus pneumoniae |
| J14 | Pneumonia due to Hemophilus influenzae |
| J15.0 | Pneumonia due to Klebsiella pneumoniae |
| J15.1 | Pneumonia due to Pseudomonas |
| J15.20 | Pneumonia due to Staphylococcus, unspecified |
| J15.211 | Pneumonia due to Methicillin susceptible Staphylococcus aureus |
| J15.212 | Pneumonia due to Methicillin susceptible Staphylococcus aureus |
| J15.29 | Pneumonia due to other staphylococcus |
| J15.3 | Pneumonia due to streptococcus, group B |
| J15.4 | Pneumonia due to streptococci |
| J15.5 | Pneumonia due to other Escherichia coli |
| J15.6 | Pneumonia due to other aerobic Gram-negative bacteria |
| J15.7 | Pneumonia due to Mycoplasma Mappings |
| J15.8 | Pneumonia due to other specified bacteria |
| J15.9 | Unspecified bacterial pneumonia |
| J16.0 | Chlamydial pneumonia |
| J16.8 | Pneumonia due to other specified infectious organisms |
| J17 | Pneumonia in diseases classified elsewhere |
| J18.0 | Bronchopneumonia, unspecified organism |
| J18.1 | Lobar pneumonia, unspecified organism |
| J18.2 | Hypostatic pneumonia, unspecified organism |
| J18.8 | Other pneumonia, unspecified organism |
| J18.9 | Pneumonia, organism unspecified |
| J20.0 | Acute bronchitis due to Mycoplasma pneumoniae |
| J20.1 | Acute bronchitis due to Hemophilus Influenzae |
| J20.2 | Acute bronchitis due to Streptococcus |
| J20.3 | Acute bronchitis due to coxsackievirus |
| J20.4 | Acute bronchitis due to parainfluenza virus |
| J20.6 | Acute bronchitis due to Rhinovirus |
| J20.7 | Acute bronchitis due to Echovirus |
| J20.8 | Acute bronchitis due to other specified organisms |
| J20.9 | Acute bronchitis, unspecified |
| J21.1 | Acute bronchiolitis due to human metapneumovirus |
| J21.8 | Acute bronchiolitis due to other specified organisms |
| J21.9 | Acute bronchiolitis, unspecified |
| K52.0 | Gastroenteritis and colitis due to radiation |
| K52.1 | Toxic gastroenteritis and colitis |
| K52.21 | Food protein-induced enterocolitis syndrome |
| K52.22 | Food protein-induced enteropathy |
| K52.29 | Other allergic and dietetic gastroenteritis and colitis |
| K52.3 | Noninfective gastroenteritis and colitis, unspecified |
| K52.81 | Eosinophilic gastritis or gastroenteritis |
| K52.82 | Eosinophilic colitis |
| K52.831 | Collagenous colitis |
| K52.832 | Lymphocytic colitis |
| K52.838 | Other microscopic colitis |
| K52.839 | Microscopic colitis, unspecified |
| K59.9 | Functional intestinal disorder, unspecified |

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## DIAGNOSES-ICD10

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**Effective – June 2022**

| ICD-10 Diagnosis CODE | DESCRIPTION |
|---|---|
| K63.9 | Disease of intestine, unspecified |
| L03.011 | Cellulitis of right finger |
| L03.012 | Cellulitis of left finger |
| L03.019 | Cellulitis of unspecified finger |
| L03.021 | Acute lymphangitis of right finger |
| L03.022 | Acute lymphangitis of left finger |
| L03.029 | Acute lymphangitis of unspecified finger |
| L03.031 | Cellulitis of right toe |
| L03.032 | Cellulitis of left toe |
| L03.039 | Cellulitis of unspecified toe |
| L03.041 | Acute lymphangitis of right toe |
| L03.042 | Acute lymphangitis of left toe |
| L03.049 | Acute lymphangitis of unspecified toe |
| L03.111 | Cellulitis of right axilla |
| L03.112 | Cellulitis of left axilla |
| L03.113 | Cellulitis of right upper limb |
| L03.114 | Cellulitis of left upper limb |
| L03.115 | Cellulitis of right lower limb |
| L03.116 | Cellulitis of left lower limb |
| L03.119 | Cellulitis of unspecified part of limb |
| L03.121 | Acute lymphangitis of right axilla |
| L03.122 | Acute lymphangitis of left axilla |
| L03.123 | Acute lymphangitis of right upper limb |
| L03.124 | Acute lymphangitis of left upper limb |
| L03.125 | Acute lymphangitis of right lower limb |
| L03.126 | Acute lymphangitis of left lower limb |
| L03.129 | Acute lymphangitis of unspecified part of limb |
| L03.211 | Cellulitis of face |
| L03.212 | Acute lymphangitis of face |
| L03.221 | Cellulitis of neck |
| L03.222 | Acute lymphangitis of neck |
| L03.311 | Cellulitis of abdominal wall |
| L03.312 | Cellulitis of back [any part except buttock] |
| L03.313 | Cellulitis of chest wall |
| L03.314 | Cellulitis of groin |
| L03.315 | Cellulitis of perineum |
| L03.316 | Cellulitis of umbilicus |
| L03.317 | Cellulitis of buttock |
| L03.319 | Cellulitis of trunk, unspecified |
| L03.321 | Acute lymphangitis of abdominal wall |
| L03.322 | Acute lymphangitis of back [any part except buttock] |
| L03.323 | Acute lymphangitis of chest wall |
| L03.324 | Acute lymphangitis of groin |
| L03.325 | Acute lymphangitis of perineum |
| L03.326 | Acute lymphangitis of umbilicus |
| L03.327 | Acute lymphangitis of buttock |
| L03.329 | Acute lymphangitis of trunk, unspecified |
| L03.811 | Cellulitis of head [any part, except face] |
| L03.818 | Cellulitis of other sites |
| L03.891 | Acute lymphangitis of head [any part, except face] |
| L03.891 | Acute lymphangitis of head [any part, except |
| L03.898 | Acute lymphangitis of other sites |
| L03.898 | Acute lymphangitis of other sites |
| L03.90 | Cellulitis, unspecified |
| L03.91 | Acute lymphangitis, unspecified |
| R37 | Sexual dysfunction, unspecified |
| R45.1 | Restlessness and agitation |
| R45.2 | Unhappiness |
| R45.4 | Irritability & Anger |
| R45.5 | Hostility |
| R45.6 | Violent behavior |
| R45.81 | Low self-esteem |
| R45.82 | Worries |
| R48.0 | Dyslexia and alexia |
| Z51.89 | Encounter for other specified aftercare |
| Z87.890 | Personal history of sex reassignment |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0HBU0ZZ | Excision of Left Breast, Open Approach |
| 0HBU3ZZ | Excision of Left Breast, Percutaneous Approach |
| 0HBV0ZZ | Excision of Bilateral Breast, Open Approach |
| 0HBV3ZZ | Excision of Bilateral Breast, Percutaneous Approach |
| 001607A | Bypass Cerebral Ventricle to Subgaleal Space with Autologous Tissue Substitute, Open Approach |
| 00160JA | Bypass Cerebral Ventricle to Subgaleal Space with Synthetic Substitute, Open Approach |
| 00160KA | Bypass Cerebral Ventricle to Subgaleal Space with Nonautologous Tissue Substitute, Open Approach |
| 001637A | Bypass Cerebral Ventricle to Subgaleal Space with Autologous Tissue Substitute, Percutaneous Approach |
| 00163JA | Bypass Cerebral Ventricle to Subgaleal Space with Synthetic Substitute, Percutaneous Approach |
| 00163KA | Bypass Cerebral Ventricle to Subgaleal Space with Nonautologous Tissue Substitute, Percutaneous Approach |
| 001647A | Bypass Cerebral Ventricle to Subgaleal Space with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 00164JA | Bypass Cerebral Ventricle to Subgaleal Space with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 00164KA | Bypass Cerebral Ventricle to Subgaleal Space with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 008Q0ZZ | Division of Vagus Nerve, Open Approach |
| 009T00Z | Drainage of Spinal Meninges with Drainage Device, Open Approach |
| 009T0ZZ | Drainage of Spinal Meninges, Open Approach |
| 009T30Z | Drainage of Spinal Meninges with Drainage Device, Percutaneous Approach |
| 009T3ZZ | Drainage of Spinal Meninges, Percutaneous Approach |
| 009T40Z | Drainage of Spinal Meninges with Drainage Device, Percutaneous Endoscopic Approach |
| 009T4ZZ | Drainage of Spinal Meninges, Percutaneous Endoscopic Approach |
| 009U00Z | Drainage of Spinal Canal with Drainage Device, Open Approach |
| 009U0ZZ | Drainage of Spinal Canal, Open Approach |
| 009U30Z | Drainage of Spinal Canal with Drainage Device, Percutaneous Approach |
| 009U3ZZ | Drainage of Spinal Canal, Percutaneous Approach |
| 009W00Z | Drainage of Cervical Spinal Cord with Drainage Device, Open Approach |
| 009W0ZZ | Drainage of Cervical Spinal Cord, Open Approach |
| 009W30Z | Drainage of Cervical Spinal Cord with Drainage Device, Percutaneous Approach |
| 009W3ZZ | Drainage of Cervical Spinal Cord, Percutaneous Approach |
| 009W40Z | Drainage of Cervical Spinal Cord with Drainage Device, Percutaneous Endoscopic Approach |
| 009W4ZZ | Drainage of Cervical Spinal Cord, Percutaneous Endoscopic Approach |
| 009X00Z | Drainage of Thoracic Spinal Cord with Drainage Device, Open Approach |
| 009X0ZZ | Drainage of Thoracic Spinal Cord, Open Approach |
| 009X30Z | Drainage of Thoracic Spinal Cord with Drainage Device, Percutaneous Approach |
| 009X3ZZ | Drainage of Thoracic Spinal Cord, Percutaneous Approach |
| 009X40Z | Drainage of Thoracic Spinal Cord with Drainage Device, Percutaneous Endoscopic Approach |
| 009X4ZZ | Drainage of Thoracic Spinal Cord, Percutaneous Endoscopic Approach |
| 009Y00Z | Drainage of Lumbar Spinal Cord with Drainage Device, Open Approach |
| 009Y0ZZ | Drainage of Lumbar Spinal Cord, Open Approach |
| 009Y30Z | Drainage of Lumbar Spinal Cord with Drainage Device, Percutaneous Approach |
| 009Y3ZZ | Drainage of Lumbar Spinal Cord, Percutaneous Approach |
| 009Y40Z | Drainage of Lumbar Spinal Cord with Drainage Device, Percutaneous Endoscopic Approach |
| 009Y4ZZ | Drainage of Lumbar Spinal Cord, Percutaneous Endoscopic Approach |
| 00B00ZX | Excision of Brain, Open Approach, Diagnostic |
| 00B00ZZ | Excision of Brain, Open Approach |
| 00B10ZX | Excision of Cerebral Meninges, Open Approach, Diagnostic |
| 00B10ZZ | Excision of Cerebral Meninges, Open Approach |
| 00B20ZX | Excision of Dura Mater, Open Approach, Diagnostic |
| 00B20ZZ | Excision of Dura Mater, Open Approach |
| 00B60ZX | Excision of Cerebral Ventricle, Open Approach, Diagnostic |
| 00B60ZZ | Excision of Cerebral Ventricle, Open Approach |
| 00B70ZX | Excision of Cerebral Hemisphere, Open Approach, Diagnostic |
| 00B70ZZ | Excision of Cerebral Hemisphere, Open Approach |
| 00B80ZZ | Excision of Basal Ganglia, Open Approach |
| 00B90ZX | Excision of Thalamus, Open Approach, Diagnostic |
| 00B90ZZ | Excision of Basal Ganglia, Open Approach |
| 00BA0ZX | Excision of Hypothalamus, Open Approach, Diagnostic |
| 00BA0ZZ | Excision of Hypothalamus, Open Approach |
| 00BB0ZX | Excision of Pons, Open Approach, Diagnostic |
| 00BB0ZZ | Excision of Pons, Open Approach |
| 00BC0ZZ | Excision of Cerebellum, Open Approach |
| 00BD0ZX | Excision of Medulla Oblongata, Open Approach, Diagnostic |
| 00BD0ZZ | Excision of Medulla Oblongata, Open Approach |
| 00BT0ZX | Excision of Spinal Meninges, Open Approach, Diagnostic |
| 00BW0ZX | Excision of Cervical Spinal Cord, Open Approach, Diagnostic |
| 00H00YZ | Insertion of Other Device into Brain, Open Approach |
| 00H03YZ | Insertion of Other Device into Brain, Percutaneous Approach |
| 00H04YZ | Insertion of Other Device into Brain, Percutaneous Endoscopic Approach |
| 00H60YZ | Insertion of Other Device into Cerebral Ventricle, Open Approach |
| 00H63YZ | Insertion of Other Device into Cerebral Ventricle, Percutaneous Approach |
| 00H64YZ | Insertion of Other Device into Cerebral Ventricle, Percutaneous Endoscopic Approach |
| 00HE0MZ | Insertion of Neurostimulator Lead into Cranial Nerve, Open Approach |
| 00HE0YZ | Insertion of Other Device into Cranial Nerve, Open Approach |
| 00HE3MZ | Insertion of Neurostimulator Lead into Cranial Nerve, Percutaneous Approach |
| 00HE3YZ | Insertion of Other Device into Cranial Nerve, Percutaneous Approach |
| 00HE4MZ | Insertion of Neurostimulator Lead into Cranial Nerve, Percutaneous Endoscopic Approach |
| 00HE4YZ | Insertion of Other Device into Cranial Nerve, Percutaneous Endoscopic Approach |
| 00HU0MZ | Insertion of Neurostimulator Lead into Spinal Canal, Open Approach |
| 00HU0YZ | Insertion of Other Device into Spinal Canal, Open Approach |
| 00HU33Z | Insertion of Infusion Device into Spinal Canal, Percutaneous Approach |
| 00HU3YZ | Insertion of Other Device into Spinal Canal, Percutaneous Approach |
| 00HU4YZ | Insertion of Other Device into Spinal Canal, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 00HV0MZ | Insertion of Neurostimulator Lead into Spinal Cord, Open Approach |
| 00HV0YZ | Insertion of Other Device into Spinal Cord, Open Approach |
| 00HV3YZ | Insertion of Other Device into Spinal Cord, Percutaneous Approach |
| 00HV4YZ | Insertion of Other Device into Spinal Cord, Percutaneous Endoscopic Approach |
| 00J00ZZ | Inspection of Brain, Open Approach |
| 00JE0ZZ | Inspection of Cranial Nerve, Open Approach |
| 00JU0ZZ | Inspection of Spinal Canal, Open Approach |
| 00JV0ZZ | Inspection of Spinal Cord, Open Approach |
| 00N10ZZ | Release Cerebral Meninges, Open Approach |
| 00N20ZZ | Release Dura Mater, Open Approach |
| 00N60ZZ | Release Cerebral Ventricle, Open Approach |
| 00N70ZZ | Release Cerebral Hemisphere, Open Approach |
| 00N80ZZ | Release Basal Ganglia, Open Approach |
| 00N90ZZ | Release Thalamus, Open Approach |
| 00NA0ZZ | Release Hypothalamus, Open Approach |
| 00NB0ZZ | Release Pons, Open Approach |
| 00NC0ZZ | Release Cerebellum, Open Approach |
| 00ND0ZZ | Release Medulla Oblongata, Open Approach |
| 00NF0ZZ | Release Olfactory Nerve, Open Approach |
| 00NG0ZZ | Release Optic Nerve, Open Approach |
| 00NH0ZZ | Release Oculomotor Nerve, Open Approach |
| 00NJ0ZZ | Release Trochlear Nerve, Open Approach |
| 00NK0ZZ | Release Trigeminal Nerve, Open Approach |
| 00NL0ZZ | Release Abducens Nerve, Open Approach |
| 00NM0ZZ | Release Facial Nerve, Open Approach |
| 00NN0ZZ | Release Acoustic Nerve, Open Approach |
| 00NP0ZZ | Release Glossopharyngeal Nerve, Open Approach |
| 00NQ0ZZ | Release Vagus Nerve, Open Approach |
| 00NR0ZZ | Release Accessory Nerve, Open Approach |
| 00NS0ZZ | Release Hypoglossal Nerve, Open Approach |
| 00NT0ZZ | Release Spinal Meninges, Open Approach |
| 00NW0ZZ | Release Cervical Spinal Cord, Open Approach |
| 00NW0ZZ | Release Cervical Spinal Cord, Open Approach |
| 00NW3ZZ | Release Cervical Spinal Cord, Percutaneous Approach |
| 00NW4ZZ | Release Cervical Spinal Cord, Percutaneous Endoscopic Approach |
| 00NX0ZZ | Release Thoracic Spinal Cord, Open Approach |
| 00NX0ZZ | Release Thoracic Spinal Cord, Open Approach |
| 00NX3ZZ | Release Thoracic Spinal Cord, Percutaneous Approach |
| 00NX4ZZ | Release Thoracic Spinal Cord, Percutaneous Endoscopic Approach |
| 00NY0ZZ | Release Lumbar Spinal Cord, Open Approach |
| 00NY0ZZ | Release Lumbar Spinal Cord, Open Approach |
| 00NY3ZZ | Release Lumbar Spinal Cord, Percutaneous Approach |
| 00NY4ZZ | Release Lumbar Spinal Cord, Percutaneous Endoscopic Approach |
| 00PE0MZ | Removal of Neurostimulator Lead from Cranial Nerve, Open Approach |
| 00PU03Z | Removal of Infusion Device from Spinal Canal, Open Approach |
| 00PU33Z | Removal of Infusion Device from Spinal Canal, Percutaneous Approach |
| 00WE0MZ | Revision of Neurostimulator Lead in Cranial Nerve, Open Approach |
| 00WU03Z | Revision of Infusion Device in Spinal Canal, Open Approach |
| 01NB0ZZ | Release Lumbar Nerve, Open Approach |
| 01810ZZ | Division of Cervical Nerve, Open Approach |
| 01810ZZ | Division of Cervical Nerve, Open Approach |
| 01813ZZ | Division of Cervical Nerve, Percutaneous Approach |
| 01814ZZ | Division of Cervical Nerve, Percutaneous Endoscopic Approach |
| 01880ZZ | Division of Thoracic Nerve, Open Approach |
| 01880ZZ | Division of Thoracic Nerve, Open Approach |
| 01883ZZ | Division of Thoracic Nerve, Percutaneous Approach |
| 01884ZZ | Division of Thoracic Nerve, Percutaneous Endoscopic Approach |
| 018B0ZZ | Division of Lumbar Nerve, Open Approach |
| 018B0ZZ | Division of Lumbar Nerve, Open Approach |
| 018B3ZZ | Division of Lumbar Nerve, Percutaneous Approach |
| 018B4ZZ | Division of Lumbar Nerve, Percutaneous Endoscopic Approach |
| 018R0ZZ | Division of Sacral Nerve, Open Approach |
| 018R0ZZ | Division of Sacral Nerve, Open Approach |
| 018R3ZZ | Division of Sacral Nerve, Percutaneous Approach |
| 018R4ZZ | Division of Sacral Nerve, Percutaneous Endoscopic Approach |
| 021W08A | Bypass Thoracic Aorta, Descending to Innominate Artery with Zooplastic Tissue, Open Approach |
| 021W09A | Bypass Thoracic Aorta, Descending to Innominate Artery with Autologous Venous Tissue, Open Approach |
| 021W0AA | Bypass Thoracic Aorta, Descending to Innominate Artery with Autologous Arterial Tissue, Open Approach |
| 021W0JA | Bypass Thoracic Aorta, Descending to Innominate Artery with Synthetic Substitute, Open Approach |
| 021W0KA | Bypass Thoracic Aorta, Descending to Innominate Artery with Nonautologous Tissue Substitute, Open Approach |
| 021W0ZA | Bypass Thoracic Aorta, Descending to Innominate Artery, Open Approach |
| 021W48A | Bypass Thoracic Aorta, Descending to Innominate Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach |
| 021W49A | Bypass Thoracic Aorta, Descending to Innominate Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach |
| 021W4AA | Bypass Thoracic Aorta, Descending to Innominate Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach |
| 021W4JA | Bypass Thoracic Aorta, Descending to Innominate Artery with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 021W4KA | Bypass Thoracic Aorta, Descending to Innominate Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 021W4ZA | Bypass Thoracic Aorta, Descending to Innominate Artery, Percutaneous Endoscopic Approach |
| 021X08A | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Zooplastic Tissue, Open Approach |
| 021X09A | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Autologous Venous Tissue, Open Approach |
| 021X0AA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Autologous Arterial Tissue, Open Approach |
| 021X0JA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Synthetic Substitute, Open Approach |
| 021X0KA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Nonautologous Tissue Substitute, Open Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 021X0ZA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery, Open Approach |
| 021X48A | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach |
| 021X49A | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Autologous Venous Tissue, Percutaneous Endoscopic Approach |
| 021X4AA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Autologous Arterial Tissue, Percutaneous Endoscopic Approach |
| 021X4JA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 021X4KA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 021X4ZA | Bypass Thoracic Aorta, Ascending/Arch to Innominate Artery, Percutaneous Endoscopic Approach |
| 02H0 | Insertion / Coronary Artery, One Artery |
| 02H00DZ | Insertion of Intraluminal Device into Coronary Artery, One Artery, Open Approach |
| 02H00YZ | Insertion of Other Device into Coronary Artery, One Artery, Open Approach |
| 02H03DZ | Insertion of Intraluminal Device into Coronary Artery, One Artery, Percutaneous Approach |
| 02H03YZ | Insertion of Other Device into Coronary Artery, One Artery, Percutaneous Approach |
| 02H04DZ | Insertion of Intraluminal Device into Coronary Artery, One Artery, Percutaneous Endoscopic Approach |
| 02H04YZ | Insertion of Other Device into Coronary Artery, One Artery, Percutaneous Endoscopic Approach |
| 02H1 | Insertion / Coronary Artery, Two Arteries |
| 02H10DZ | Insertion of Intraluminal Device into Coronary Artery, Two Arteries, Open Approach |
| 02H10YZ | Insertion of Other Device into Coronary Artery, Two Arteries, Open Approach |
| 02H13DZ | Insertion of Intraluminal Device into Coronary Artery, Two Arteries, Percutaneous Approach |
| 02H13YZ | Insertion of Other Device into Coronary Artery, Two Arteries, Percutaneous Approach |
| 02H14DZ | Insertion of Intraluminal Device into Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach |
| 02H14YZ | Insertion of Other Device into Coronary Artery, Two Arteries, Percutaneous Endoscopic Approach |
| 02H2 | Insertion / Coronary Artery, Three Arteries |
| 02H20DZ | Insertion of Intraluminal Device into Coronary Artery, Three Arteries, Open Approach |
| 02H20YZ | Insertion of Other Device into Coronary Artery, Three Arteries, Open Approach |
| 02H23DZ | Insertion of Intraluminal Device into Coronary Artery, Three Arteries, Percutaneous Approach |
| 02H23YZ | Insertion of Other Device into Coronary Artery, Three Arteries, Percutaneous Approach |
| 02H24DZ | Insertion of Intraluminal Device into Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach |
| 02H24YZ | Insertion of Other Device into Coronary Artery, Three Arteries, Percutaneous Endoscopic Approach |
| 02H3 | Insertion / Coronary Artery, Four or More Arteries |
| 02H30DZ | Insertion of Intraluminal Device into Coronary Artery, Four or More Arteries, Open Approach |
| 02H30YZ | Insertion of Other Device into Coronary Artery, Four or More Arteries, Open Approach |
| 02H33DZ | Insertion of Intraluminal Device into Coronary Artery, Four or More Arteries, Percutaneous Approach |
| 02H33YZ | Insertion of Other Device into Coronary Artery, Four or More Arteries, Percutaneous Approach |
| 02H34DZ | Insertion of Intraluminal Device into Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach |
| 02H34YZ | Insertion of Other Device into Coronary Artery, Four or More Arteries, Percutaneous Endoscopic Approach |
| 02HA0QZ | Insertion of Implantable Heart Assist System into Heart, Open Approach |
| 02HA0QZ | Insertion of Implantable Heart Assist System into Heart, Open Approach |
| 02HA0RJ | Insertion of Short-term External Heart Assist System into Heart, Intraoperative, Open Approach |
| 02HA0RS | Insertion of Biventricular Short-term External Heart Assist System into Heart, Open Approach |
| 02HA0RZ | Insertion of Short-term External Heart Assist System into Heart, Open Approach |
| 02HA0RZ | Insertion of Short-term External Heart Assist System into Heart, Open Approach |
| 02HA3QZ | Insertion of Implantable Heart Assist System into Heart, Percutaneous Approach |
| 02HA3RJ | Insertion of Short-term External Heart Assist System into Heart, Intraoperative, Percutaneous Approach |
| 02HA3RS | Insertion of Biventricular Short-term External Heart Assist System into Heart, Percutaneous Approach |
| 02HA3RZ | Insertion of Short-term External Heart Assist System into Heart, Percutaneous Approach |
| 02HA3RZ | Insertion of Short-term External Heart Assist System into Heart, Percutaneous Approach |
| 02HA4RJ | Insertion of Short-term External Heart Assist System into Heart, Intraoperative, Percutaneous Endoscopic Approach |
| 02HA4RS | Insertion of Biventricular Short-term External Heart Assist System into Heart, Percutaneous Endoscopic Approach |
| 02HA4RZ | Insertion of Short-term External Heart Assist System into Heart, Percutaneous Endoscopic Approach |
| 02HA4RZ | Insertion of Short-term External Heart Assist System into Heart, Percutaneous Endoscopic Approach |
| 02PA0QZ | Removal of Implantable Heart Assist System from Heart, Open Approach |
| 02RK0JZ | Replacement of Right Ventricle with Synthetic Substitute, Open Approach |
| 02RL0JZ | Replacement of Left Ventricle with Synthetic Substitute, Open Approach |
| 02U0 | Supplement / Coronary Artery, One Artery |
| 02U007Z | Supplement Coronary Artery, One Artery with Autologous Tissue Substitute, Open Approach |
| 02U008Z | Supplement Coronary Artery, One Artery with Zooplastic Tissue, Open Approach |
| 02U00JZ | Supplement Coronary Artery, One Artery with Synthetic Substitute, Open Approach |
| 02U00KZ | Supplement Coronary Artery, One Artery with Nonautologous Tissue Substitute, Open Approach |
| 02U037Z | Supplement Coronary Artery, One Artery with Autologous Tissue Substitute, Percutaneous Approach |
| 02U038Z | Supplement Coronary Artery, One Artery with Zooplastic Tissue, Percutaneous Approach |
| 02U03JZ | Supplement Coronary Artery, One Artery with Synthetic Substitute, Percutaneous Approach |
| 02U03KZ | Supplement Coronary Artery, One Artery with Nonautologous Tissue Substitute, Percutaneous Approach |
| 02U047Z | Supplement Coronary Artery, One Artery with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02U048Z | Supplement Coronary Artery, One Artery with Zooplastic Tissue, Percutaneous Endoscopic Approach |
| 02U04JZ | Supplement Coronary Artery, One Artery with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 02U04KZ | Supplement Coronary Artery, One Artery with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02U1 | Supplement / Coronary Artery, Two Arteries |
| 02U107Z | Supplement Coronary Artery, Two Arteries with Autologous Tissue Substitute, Open Approach |
| 02U108Z | Supplement Coronary Artery, Two Arteries with Zooplastic Tissue, Open Approach |
| 02U10JZ | Supplement Coronary Artery, Two Arteries with Synthetic Substitute, Open Approach |
| 02U10KZ | Supplement Coronary Artery, Two Arteries with Nonautologous Tissue Substitute, Open Approach |
| 02U137Z | Supplement Coronary Artery, Two Arteries with Autologous Tissue Substitute, Percutaneous Approach |
| 02U138Z | Supplement Coronary Artery, Two Arteries with Zooplastic Tissue, Percutaneous Approach |
| 02U13JZ | Supplement Coronary Artery, Two Arteries with Synthetic Substitute, Percutaneous Approach |
| 02U13KZ | Supplement Coronary Artery, Two Arteries with Nonautologous Tissue Substitute, Percutaneous Approach |
| 02U147Z | Supplement Coronary Artery, Two Arteries with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02U148Z | Supplement Coronary Artery, Two Arteries with Zooplastic Tissue, Percutaneous Endoscopic Approach |
| 02U14JZ | Supplement Coronary Artery, Two Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 02U14KZ | Supplement Coronary Artery, Two Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 02U2 | Supplement / Coronary Artery, Three Arteries |
| 02U207Z | Supplement Coronary Artery, Three Arteries with Autologous Tissue Substitute, Open Approach |
| 02U208Z | Supplement Coronary Artery, Three Arteries with Zooplastic Tissue, Open Approach |
| 02U20JZ | Supplement Coronary Artery, Three Arteries with Synthetic Substitute, Open Approach |
| 02U20KZ | Supplement Coronary Artery, Three Arteries with Nonautologous Tissue Substitute, Open Approach |
| 02U237Z | Supplement Coronary Artery, Three Arteries with Autologous Tissue Substitute, Percutaneous Approach |
| 02U238Z | Supplement Coronary Artery, Three Arteries with Zooplastic Tissue, Percutaneous Approach |
| 02U23JZ | Supplement Coronary Artery, Three Arteries with Synthetic Substitute, Percutaneous Approach |
| 02U23KZ | Supplement Coronary Artery, Three Arteries with Nonautologous Tissue Substitute, Percutaneous Approach |
| 02U247Z | Supplement Coronary Artery, Three Arteries with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02U248Z | Supplement Coronary Artery, Three Arteries with Zooplastic Tissue, Percutaneous Endoscopic Approach |
| 02U24JZ | Supplement Coronary Artery, Three Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 02U24KZ | Supplement Coronary Artery, Three Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02U3 | Supplement / Coronary Artery, Four or More Arteries |
| 02U307Z | Supplement Coronary Artery, Four or More Arteries with Autologous Tissue Substitute, Open Approach |
| 02U308Z | Supplement Coronary Artery, Four or More Arteries with Zooplastic Tissue, Open Approach |
| 02U30JZ | Supplement Coronary Artery, Four or More Arteries with Synthetic Substitute, Open Approach |
| 02U30KZ | Supplement Coronary Artery, Four or More Arteries with Nonautologous Tissue Substitute, Open Approach |
| 02U337Z | Supplement Coronary Artery, Four or More Arteries with Autologous Tissue Substitute, Percutaneous Approach |
| 02U338Z | Supplement Coronary Artery, Four or More Arteries with Zooplastic Tissue, Percutaneous Approach |
| 02U33JZ | Supplement Coronary Artery, Four or More Arteries with Synthetic Substitute, Percutaneous Approach |
| 02U33KZ | Supplement Coronary Artery, Four or More Arteries with Nonautologous Tissue Substitute, Percutaneous Approach |
| 02U347Z | Supplement Coronary Artery, Four or More Arteries with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02U348Z | Supplement Coronary Artery, Four or More Arteries with Zooplastic Tissue, Percutaneous Endoscopic Approach |
| 02U34JZ | Supplement Coronary Artery, Four or More Arteries with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 02U34KZ | Supplement Coronary Artery, Four or More Arteries with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 02WA0JZ | Revision of Synthetic Substitute in Heart, Open Approach |
| 02WA0QZ | Revision of Implantable Heart Assist System in Heart, Open Approach |
| 02WA0RZ | Revision of Short-term External Heart Assist System in Heart, Open Approach |
| 02WA3QZ | Revision of Implantable Heart Assist System in Heart, Percutaneous Approach |
| 02WA3RZ | Revision of Short-term External Heart Assist System in Heart, Percutaneous Approach |
| 02WA4QZ | Revision of Implantable Heart Assist System in Heart, Percutaneous Endoscopic Approach |
| 02WA4RZ | Revision of Short-term External Heart Assist System in Heart, Percutaneous Endoscopic Approach |
| 031209W | Bypass Innominate Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03120AW | Bypass Innominate Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03120JW | Bypass Innominate Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03120KW | Bypass Innominate Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03120ZW | Bypass Innominate Artery to Lower Extremity Vein, Open Approach |
| 031309W | Bypass Right Subclavian Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03130AW | Bypass Right Subclavian Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03130JW | Bypass Right Subclavian Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03130KW | Bypass Right Subclavian Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03130ZW | Bypass Right Subclavian Artery to Lower Extremity Vein, Open Approach |
| 031409W | Bypass Left Subclavian Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03140AW | Bypass Left Subclavian Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03140JW | Bypass Left Subclavian Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03140KW | Bypass Left Subclavian Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03140ZW | Bypass Left Subclavian Artery to Lower Extremity Vein, Open Approach |
| 031509W | Bypass Right Axillary Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03150AW | Bypass Right Axillary Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03150JW | Bypass Right Axillary Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03150KW | Bypass Right Axillary Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03150ZW | Bypass Right Axillary Artery to Lower Extremity Vein, Open Approach |
| 031609W | Bypass Left Axillary Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03160AW | Bypass Left Axillary Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03160JW | Bypass Left Axillary Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03160KW | Bypass Left Axillary Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03160ZW | Bypass Left Axillary Artery to Lower Extremity Vein, Open Approach |
| 031709W | Bypass Right Brachial Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03170AW | Bypass Right Brachial Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03170JW | Bypass Right Brachial Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03170KW | Bypass Right Brachial Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03170ZW | Bypass Right Brachial Artery to Lower Extremity Vein, Open Approach |
| 031809W | Bypass Left Brachial Artery to Lower Extremity Vein with Autologous Venous Tissue, Open Approach |
| 03180AW | Bypass Left Brachial Artery to Lower Extremity Vein with Autologous Arterial Tissue, Open Approach |
| 03180JW | Bypass Left Brachial Artery to Lower Extremity Vein with Synthetic Substitute, Open Approach |
| 03180KW | Bypass Left Brachial Artery to Lower Extremity Vein with Nonautologous Tissue Substitute, Open Approach |
| 03180ZW | Bypass Left Brachial Artery to Lower Extremity Vein, Open Approach |
| 03193ZF | Bypass Right Ulnar Artery to Lower Arm Vein, Percutaneous Approach |
| 031A3ZF | Bypass Left Ulnar Artery to Lower Arm Vein, Percutaneous Approach |
| 031B3ZF | Bypass Right Radial Artery to Lower Arm Vein, Percutaneous Approach |
| 031C3ZF | Bypass Left Radial Artery to Lower Arm Vein, Percutaneous Approach |
| 03CK3ZZ | Extirpation of Matter from Right Internal Carotid Artery, Percutaneous Approach |
| 03CL0ZZ | Extirpation of Matter from Left Internal Carotid Artery, Open Approach |
| 03CL3ZZ | Extirpation of Matter from Left Internal Carotid Artery, Percutaneous Approach |
| 03VG0HZ | Restriction of Intracranial Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VG3HZ | Restriction of Intracranial Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VG4HZ | Restriction of Intracranial Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VH0HZ | Restriction of Right Common Carotid Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VH3HZ | Restriction of Right Common Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VH4HZ | Restriction of Right Common Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VJ0HZ | Restriction of Left Common Carotid Artery with Intraluminal Device, Flow Diverter, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 03VJ3HZ | Restriction of Left Common Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VJ4HZ | Restriction of Left Common Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VK0HZ | Restriction of Right Internal Carotid Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VK3HZ | Restriction of Right Internal Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VK4HZ | Restriction of Right Internal Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VL0HZ | Restriction of Left Internal Carotid Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VL3HZ | Restriction of Left Internal Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VL4HZ | Restriction of Left Internal Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VM0HZ | Restriction of Right External Carotid Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VM3HZ | Restriction of Right External Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VM4HZ | Restriction of Right External Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VN0HZ | Restriction of Left External Carotid Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VN3HZ | Restriction of Left External Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VN4HZ | Restriction of Left External Carotid Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VP0HZ | Restriction of Right Vertebral Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VP3HZ | Restriction of Right Vertebral Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VP4HZ | Restriction of Right Vertebral Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 03VQ0HZ | Restriction of Left Vertebral Artery with Intraluminal Device, Flow Diverter, Open Approach |
| 03VQ3HZ | Restriction of Left Vertebral Artery with Intraluminal Device, Flow Diverter, Percutaneous Approach |
| 03VQ4HZ | Restriction of Left Vertebral Artery with Intraluminal Device, Flow Diverter, Percutaneous Endoscopic Approach |
| 05H00MZ | Insertion of Neurostimulator Lead into Azygos Vein, Open Approach |
| 05H032Z | Insertion of Monitoring Device into Azygos Vein, Percutaneous Approach |
| 05H03MZ | Insertion of Neurostimulator Lead into Azygos Vein, Percutaneous Approach |
| 05H042Z | Insertion of Monitoring Device into Azygos Vein, Percutaneous Endoscopic Approach |
| 05H04MZ | Insertion of Neurostimulator Lead into Azygos Vein, Percutaneous Endoscopic Approach |
| 05H30MZ | Insertion of Neurostimulator Lead into Right Innominate Vein, Open Approach |
| 05H33MZ | Insertion of Neurostimulator Lead into Right Innominate Vein, Percutaneous Approach |
| 05H34MZ | Insertion of Neurostimulator Lead into Right Innominate Vein, Percutaneous Endoscopic Approach |
| 05H40MZ | Insertion of Neurostimulator Lead into Left Innominate Vein, Open Approach |
| 05H43MZ | Insertion of Neurostimulator Lead into Left Innominate Vein, Percutaneous Approach |
| 05H44MZ | Insertion of Neurostimulator Lead into Left Innominate Vein, Percutaneous Endoscopic Approach |
| 06L27CZ | Occlusion of Gastric Vein with Extraluminal Device, Via Natural or Artificial Opening |
| 06L27DZ | Occlusion of Gastric Vein with Intraluminal Device, Via Natural or Artificial Opening |
| 06L27ZZ | Occlusion of Gastric Vein, Via Natural or Artificial Opening |
| 06L28CZ | Occlusion of Gastric Vein with Extraluminal Device, Via Natural or Artificial Opening Endoscopic |
| 06L28DZ | Occlusion of Gastric Vein with Intraluminal Device, Via Natural or Artificial Opening Endoscopic |
| 06L28ZZ | Occlusion of Gastric Vein, Via Natural or Artificial Opening Endoscopic |
| 07B50ZZ | Excision of Right Axillary Lymphatic, Open Approach |
| 07B50ZZ | Excision of Right Axillary Lymphatic, Open Approach |
| 07B60ZZ | Excision of Left Axillary Lymphatic, Open Approach |
| 07B60ZZ | Excision of Left Axillary Lymphatic, Open Approach |
| 07BC0ZX | Excision of Pelvis Lymphatic, Open Approach, Diagnostic |
| 07BC0ZX | Excision of Pelvis Lymphatic, Open Approach, Diagnostic |
| 07BC0ZZ | Excision of Pelvis Lymphatic, Open Approach |
| 07BD0ZX | Excision of Aortic Lymphatic, Open Approach, Diagnostic |
| 07BD0ZZ | Excision of Aortic Lymphatic, Open Approach |
| 07BD4ZX | Excision of Aortic Lymphatic, Percutaneous Endoscopic Approach, Diagnostic |
| 07BD4ZX | Excision of Aortic Lymphatic, Percutaneous Endoscopic Approach, Diagnostic |
| 07T50ZZ | Resection of Right Axillary Lymphatic, Open Approach |
| 07T60ZZ | Resection of Left Axillary Lymphatic, Open Approach |
| 07T80ZZ | Resection of Right Internal Mammary Lymphatic, Open Approach |
| 07T80ZZ | Resection of Right Internal Mammary Lymphatic, Open Approach |
| 07T90ZZ | Resection of Left Internal Mammary Lymphatic, Open Approach |
| 07T90ZZ | Resection of Left Internal Mammary Lymphatic, Open Approach |
| 07TC0ZZ | Resection of Pelvis Lymphatic, Open Approach |
| 07TC4ZZ | Resection of Pelvis Lymphatic, Percutaneous Endoscopic Approach |
| 07TC4ZZ | Resection of Pelvis Lymphatic, Percutaneous Endoscopic Approach |
| 08RN0JZ | Replacement of Right Upper Eyelid with Synthetic Substitute, Open Approach |
| 08RN0KZ | Replacement of Right Upper Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08RNXJZ | Replacement of Right Upper Eyelid with Synthetic Substitute, External Approach |
| 08RNXKZ | Replacement of Right Upper Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08RP0JZ | Replacement of Left Upper Eyelid with Synthetic Substitute, Open Approach |
| 08RP0KZ | Replacement of Left Upper Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08RPXJZ | Replacement of Left Upper Eyelid with Synthetic Substitute, External Approach |
| 08RPXKZ | Replacement of Left Upper Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08RQ0JZ | Replacement of Right Lower Eyelid with Synthetic Substitute, Open Approach |
| 08RQ0KZ | Replacement of Right Lower Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08RQXJZ | Replacement of Right Lower Eyelid with Synthetic Substitute, External Approach |
| 08RQXKZ | Replacement of Right Lower Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08RR0JZ | Replacement of Left Lower Eyelid with Synthetic Substitute, Open Approach |
| 08RR0KZ | Replacement of Left Lower Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08RRXJZ | Replacement of Left Lower Eyelid with Synthetic Substitute, External Approach |
| 08RRXKZ | Replacement of Left Lower Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08UN0JZ | Supplement Right Upper Eyelid with Synthetic Substitute, Open Approach |
| 08UN0KZ | Supplement Right Upper Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08UNXKZ | Supplement Right Upper Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08UP0KZ | Supplement Left Upper Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08UPXKZ | Supplement Left Upper Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08UQ0KZ | Supplement Right Lower Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08UQXKZ | Supplement Right Lower Eyelid with Nonautologous Tissue Substitute, External Approach |
| 08UR0KZ | Supplement Left Lower Eyelid with Nonautologous Tissue Substitute, Open Approach |
| 08URXKZ | Supplement Left Lower Eyelid with Nonautologous Tissue Substitute, External Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 090K07Z | Alteration of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach |
| 090K0JZ | Alteration of Nasal Mucosa and Soft Tissue with Synthetic Substitute, Open Approach |
| 090K0KZ | Alteration of Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, Open Approach |
| 090K0ZZ | Alteration of Nasal Mucosa and Soft Tissue, Open Approach |
| 090K37Z | Alteration of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Percutaneous Approach |
| 090K3JZ | Alteration of Nasal Mucosa and Soft Tissue with Synthetic Substitute, Percutaneous Approach |
| 090K3KZ | Alteration of Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, Percutaneous Approach |
| 090K3ZZ | Alteration of Nasal Mucosa and Soft Tissue, Percutaneous Approach |
| 090K47Z | Alteration of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 090K4JZ | Alteration of Nasal Mucosa and Soft Tissue with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 090K4KZ | Alteration of Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 090K4ZZ | Alteration of Nasal Mucosa and Soft Tissue, Percutaneous Endoscopic Approach |
| 090KX7Z | Alteration of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, External Approach |
| 090KXJZ | Alteration of Nasal Mucosa and Soft Tissue with Synthetic Substitute, External Approach |
| 090KXKZ | Alteration of Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, External Approach |
| 090KXZZ | Alteration of Nasal Mucosa and Soft Tissue, External Approach |
| 09B00ZZ | Excision of Right External Ear, Open Approach |
| 09B00ZZ | Excision of Right External Ear, Open Approach |
| 09B10ZZ | Excision of Left External Ear, Open Approach |
| 09BB0ZZ | Excision of Right Mastoid Sinus, Open Approach |
| 09BC0ZZ | Excision of Left Mastoid Sinus, Open Approach |
| 09BM0ZZ | Excision of Nasal Septum, Open Approach |
| 09BM3ZZ | Excision of Nasal Septum, Percutaneous Approach |
| 09BM4ZZ | Excision of Nasal Septum, Percutaneous Endoscopic Approach |
| 09HD04Z | Insertion of Bone Conduction Hearing Device into Right Inner Ear, Open Approach |
| 09HD05Z | Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Open Approach |
| 09HD05Z | Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Open Approach |
| 09HD06Z | Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach |
| 09HD06Z | Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach |
| 09HD06Z | Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach |
| 09HD06Z | Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Open Approach |
| 09HD0SZ | Insertion of Hearing Device into Right Inner Ear, Open Approach |
| 09HD0SZ | Insertion of Hearing Device into Right Inner Ear, Open Approach |
| 09HD34Z | Insertion of Bone Conduction Hearing Device into Right Inner Ear, Percutaneous Approach |
| 09HD35Z | Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach |
| 09HD36Z | Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Approach |
| 09HD3SZ | Insertion of Hearing Device into Right Inner Ear, Percutaneous Approach |
| 09HD44Z | Insertion of Bone Conduction Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach |
| 09HD45Z | Insertion of Single Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach |
| 09HD46Z | Insertion of Multiple Channel Cochlear Prosthesis into Right Inner Ear, Percutaneous Endoscopic Approach |
| 09HD4SZ | Insertion of Hearing Device into Right Inner Ear, Percutaneous Endoscopic Approach |
| 09HE04Z | Insertion of Bone Conduction Hearing Device into Left Inner Ear, Open Approach |
| 09HE05Z | Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Open Approach |
| 09HE05Z | Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Open Approach |
| 09HE06Z | Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach |
| 09HE06Z | Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach |
| 09HE06Z | Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach |
| 09HE06Z | Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Open Approach |
| 09HE06Z | Insertion of Hearing Device into Left Inner Ear, Open Approach |
| 09HE0SZ | Insertion of Hearing Device into Left Inner Ear, Open Approach |
| 09HE34Z | Insertion of Bone Conduction Hearing Device into Left Inner Ear, Percutaneous Approach |
| 09HE35Z | Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach |
| 09HE36Z | Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Approach |
| 09HE3SZ | Insertion of Hearing Device into Left Inner Ear, Percutaneous Approach |
| 09HE44Z | Insertion of Bone Conduction Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach |
| 09HE45Z | Insertion of Single Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach |
| 09HE46Z | Insertion of Multiple Channel Cochlear Prosthesis into Left Inner Ear, Percutaneous Endoscopic Approach |
| 09HE4SZ | Insertion of Hearing Device into Left Inner Ear, Percutaneous Endoscopic Approach |
| 09OK0ZZ | Alteration of Nasal Mucosa and Soft Tissue, Open Approach |
| 09PD0SZ | Removal of Hearing Device from Right Inner Ear, Open Approach |
| 09PE0SZ | Removal of Hearing Device from Left Inner Ear, Open Approach |
| 09QD0ZZ | Repair Right Inner Ear, Open Approach |
| 09QE0ZZ | Repair Left Inner Ear, Open Approach |
| 09QM0ZZ | Repair Nasal Septum, Open Approach |
| 09QM0ZZ | Repair Nasal Septum, Open Approach |
| 09R00JZ | Replacement of Right External Ear with Synthetic Substitute, Open Approach |
| 09R00KZ | Replacement of Right External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09R0XJZ | Replacement of Right External Ear with Synthetic Substitute, External Approach |
| 09R0XKZ | Replacement of Right External Ear with Nonautologous Tissue Substitute, External Approach |
| 09R10JZ | Replacement of Left External Ear with Synthetic Substitute, Open Approach |
| 09R10KZ | Replacement of Left External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09R1XJZ | Replacement of Left External Ear with Synthetic Substitute, External Approach |
| 09R1XKZ | Replacement of Left External Ear with Nonautologous Tissue Substitute, External Approach |
| 09R20JZ | Replacement of Bilateral External Ear with Synthetic Substitute, Open Approach |
| 09R20KZ | Replacement of Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09R2XJZ | Replacement of Bilateral External Ear with Synthetic Substitute, External Approach |
| 09R2XKZ | Replacement of Bilateral External Ear with Nonautologous Tissue Substitute, External Approach |
| 09RK07Z | Replacement of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach |
| 09RK07Z | Replacement of Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach |
| 09RK0JZ | Replacement of Nasal Mucosa and Soft Tissue with Synthetic Substitute, Open Approach |
| 09RK0KZ | Replacement of Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, Open Approach |
| 09RK0KZ | Replacement of Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 09RKXJZ | Replacement of Nasal Mucosa and Soft Tissue with Synthetic Substitute, External Approach |
| 09RM07Z | Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach |
| 09RM0JZ | Replacement of Nasal Septum with Synthetic Substitute, Open Approach |
| 09RM0JZ | Replacement of Nasal Septum with Synthetic Substitute, Open Approach |
| 09RM0KZ | Replacement of Nasal Septum with Nonautologous Tissue Substitute, Open Approach |
| 09RM0KZ | Replacement of Nasal Septum with Nonautologous Tissue Substitute, Open Approach |
| 09TE8ZZ | Resection of Left Inner Ear, Via Natural or Artificial Opening Endoscopic |
| 09TM0ZZ | Resection of Nasal Septum, Open Approach |
| 09TM0ZZ | Resection of Nasal Septum, Open Approach |
| 09TM4ZZ | Resection of Nasal Septum, Percutaneous Endoscopic Approach |
| 09TT8ZZ | Resection of Left Frontal Sinus, Via Natural or Artificial Opening Endoscopic |
| 09TV8ZZ | Resection of Left Ethmoid Sinus, Via Natural or Artificial Opening Endoscopic |
| 09U007Z | Supplement Right External Ear with Autologous Tissue Substitute, Open Approach |
| 09U007Z | Supplement Right External Ear with Autologous Tissue Substitute, Open Approach |
| 09U00JZ | Supplement Right External Ear with Synthetic Substitute, Open Approach |
| 09U00KZ | Supplement Right External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09U0XJZ | Supplement Right External Ear with Synthetic Substitute, External Approach |
| 09U0XKZ | Supplement Right External Ear with Nonautologous Tissue Substitute, External Approach |
| 09U107Z | Supplement Left External Ear with Autologous Tissue Substitute, Open Approach |
| 09U107Z | Supplement Left External Ear with Autologous Tissue Substitute, Open Approach |
| 09U10JZ | Supplement Left External Ear with Synthetic Substitute, Open Approach |
| 09U10KZ | Supplement Left External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09U1XJZ | Supplement Left External Ear with Synthetic Substitute, External Approach |
| 09U1XKZ | Supplement Left External Ear with Nonautologous Tissue Substitute, External Approach |
| 09U207Z | Supplement Bilateral External Ear with Autologous Tissue Substitute, Open Approach |
| 09U207Z | Supplement Bilateral External Ear with Autologous Tissue Substitute, Open Approach |
| 09U20JZ | Supplement Bilateral External Ear with Synthetic Substitute, Open Approach |
| 09U20KZ | Supplement Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09U2XJZ | Supplement Bilateral External Ear with Synthetic Substitute, External Approach |
| 09U2XKZ | Supplement Bilateral External Ear with Nonautologous Tissue Substitute, External Approach |
| 09UB | Supplement / Mastoid Sinus, Right |
| 09UB07Z | Supplement Right Mastoid Sinus with Autologous Tissue Substitute, Open Approach |
| 09UB0JZ | Supplement Right Mastoid Sinus with Synthetic Substitute, Open Approach |
| 09UB0KZ | Supplement Right Mastoid Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UB37Z | Supplement Right Mastoid Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UB3JZ | Supplement Right Mastoid Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UB3KZ | Supplement Right Mastoid Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UB47Z | Supplement Right Mastoid Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UB4JZ | Supplement Right Mastoid Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UB4KZ | Supplement Right Mastoid Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UB77Z | Supplement Right Mastoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UB7JZ | Supplement Right Mastoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UB7KZ | Supplement Right Mastoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UB87Z | Supplement Right Mastoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UB8JZ | Supplement Right Mastoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UB8KZ | Supplement Right Mastoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UC | Supplement / Mastoid Sinus, Left |
| 09UC07Z | Supplement Left Mastoid Sinus with Autologous Tissue Substitute, Open Approach |
| 09UC0JZ | Supplement Left Mastoid Sinus with Synthetic Substitute, Open Approach |
| 09UC0KZ | Supplement Left Mastoid Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UC37Z | Supplement Left Mastoid Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UC3JZ | Supplement Left Mastoid Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UC3KZ | Supplement Left Mastoid Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UC47Z | Supplement Left Mastoid Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UC4JZ | Supplement Left Mastoid Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UC4KZ | Supplement Left Mastoid Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UC77Z | Supplement Left Mastoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UC7JZ | Supplement Left Mastoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UC7KZ | Supplement Left Mastoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UC87Z | Supplement Left Mastoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UC8JZ | Supplement Left Mastoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UC8KZ | Supplement Left Mastoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UK072 | Supplement Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach |
| 09UK07Z | Supplement Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach |
| 09UK07Z | Supplement Nasal Mucosa and Soft Tissue with Autologous Tissue Substitute, Open Approach |
| 09UK0JZ | Supplement Nasal Mucosa and Soft Tissue with Synthetic Substitute, Open Approach |
| 09UK0KZ | Supplement Nasal Mucosa and Soft Tissue with Nonautologous Tissue Substitute, Open Approach |
| 09UKXJZ | Supplement Nasal Mucosa and Soft Tissue with Synthetic Substitute, External Approach |
| 09UM07Z | Supplement Nasal Septum with Autologous Tissue Substitute, Open Approach |
| 09UM0JZ | Supplement Nasal Septum with Synthetic Substitute, Open Approach |
| 09UM0KZ | Supplement Nasal Septum with Nonautologous Tissue Substitute, Open Approach |
| 09UP | Supplement / Accessory Sinus |
| 09UP07Z | Supplement Accessory Sinus with Autologous Tissue Substitute, Open Approach |
| 09UP0JZ | Supplement Accessory Sinus with Synthetic Substitute, Open Approach |
| 09UP0KZ | Supplement Accessory Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UP37Z | Supplement Accessory Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UP3JZ | Supplement Accessory Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UP3KZ | Supplement Accessory Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UP47Z | Supplement Accessory Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UP4JZ | Supplement Accessory Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UP4KZ | Supplement Accessory Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UP77Z | Supplement Accessory Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 09UP7JZ | Supplement Accessory Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UP7KZ | Supplement Accessory Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UP87Z | Supplement Accessory Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UP8JZ | Supplement Accessory Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UP8KZ | Supplement Accessory Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UQ | Supplement / Maxillary Sinus, Right |
| 09UQ07Z | Supplement Right Maxillary Sinus with Autologous Tissue Substitute, Open Approach |
| 09UQ0JZ | Supplement Right Maxillary Sinus with Synthetic Substitute, Open Approach |
| 09UQ0KZ | Supplement Right Maxillary Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UQ37Z | Supplement Right Maxillary Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UQ3JZ | Supplement Right Maxillary Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UQ3KZ | Supplement Right Maxillary Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UQ47Z | Supplement Right Maxillary Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UQ4JZ | Supplement Right Maxillary Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UQ4KZ | Supplement Right Maxillary Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UQ77Z | Supplement Right Maxillary Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UQ7JZ | Supplement Right Maxillary Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UQ7KZ | Supplement Right Maxillary Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UQ87Z | Supplement Right Maxillary Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UQ8JZ | Supplement Right Maxillary Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UQ8KZ | Supplement Right Maxillary Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UR | Supplement / Maxillary Sinus, Left |
| 09UR07Z | Supplement Left Maxillary Sinus with Autologous Tissue Substitute, Open Approach |
| 09UR0JZ | Supplement Left Maxillary Sinus with Synthetic Substitute, Open Approach |
| 09UR0KZ | Supplement Left Maxillary Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UR37Z | Supplement Left Maxillary Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UR3JZ | Supplement Left Maxillary Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UR3KZ | Supplement Left Maxillary Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UR47Z | Supplement Left Maxillary Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UR4JZ | Supplement Left Maxillary Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UR4KZ | Supplement Left Maxillary Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UR77Z | Supplement Left Maxillary Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UR7JZ | Supplement Left Maxillary Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UR7KZ | Supplement Left Maxillary Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UR87Z | Supplement Left Maxillary Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UR8JZ | Supplement Left Maxillary Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UR8KZ | Supplement Left Maxillary Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09US | Supplement / Frontal Sinus, Right |
| 09US07Z | Supplement Right Frontal Sinus with Autologous Tissue Substitute, Open Approach |
| 09US0JZ | Supplement Right Frontal Sinus with Synthetic Substitute, Open Approach |
| 09US0KZ | Supplement Right Frontal Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09US37Z | Supplement Right Frontal Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09US3JZ | Supplement Right Frontal Sinus with Synthetic Substitute, Percutaneous Approach |
| 09US3KZ | Supplement Right Frontal Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09US47Z | Supplement Right Frontal Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09US4JZ | Supplement Right Frontal Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09US4KZ | Supplement Right Frontal Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09US77Z | Supplement Right Frontal Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09US7JZ | Supplement Right Frontal Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09US7KZ | Supplement Right Frontal Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09US87Z | Supplement Right Frontal Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09US8JZ | Supplement Right Frontal Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09US8KZ | Supplement Right Frontal Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UT | Supplement / Frontal Sinus, Left |
| 09UT07Z | Supplement Left Frontal Sinus with Autologous Tissue Substitute, Open Approach |
| 09UT0JZ | Supplement Left Frontal Sinus with Synthetic Substitute, Open Approach |
| 09UT0KZ | Supplement Left Frontal Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UT37Z | Supplement Left Frontal Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UT3JZ | Supplement Left Frontal Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UT3KZ | Supplement Left Frontal Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UT47Z | Supplement Left Frontal Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UT4JZ | Supplement Left Frontal Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UT4KZ | Supplement Left Frontal Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UT77Z | Supplement Left Frontal Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UT7JZ | Supplement Left Frontal Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UT7KZ | Supplement Left Frontal Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UT87Z | Supplement Left Frontal Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UT8JZ | Supplement Left Frontal Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UT8KZ | Supplement Left Frontal Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UU | Supplement / Ethmoid Sinus, Right |
| 09UU07Z | Supplement Right Ethmoid Sinus with Autologous Tissue Substitute, Open Approach |
| 09UU0JZ | Supplement Right Ethmoid Sinus with Synthetic Substitute, Open Approach |
| 09UU0KZ | Supplement Right Ethmoid Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UU37Z | Supplement Right Ethmoid Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UU3JZ | Supplement Right Ethmoid Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UU3KZ | Supplement Right Ethmoid Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UU47Z | Supplement Right Ethmoid Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UU4JZ | Supplement Right Ethmoid Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UU4KZ | Supplement Right Ethmoid Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UU77Z | Supplement Right Ethmoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UU7JZ | Supplement Right Ethmoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UU7KZ | Supplement Right Ethmoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 09UU87Z | Supplement Right Ethmoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UU8JZ | Supplement Right Ethmoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UU8KZ | Supplement Right Ethmoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UV | Supplement / Ethmoid Sinus, Left |
| 09UV07Z | Supplement Left Ethmoid Sinus with Autologous Tissue Substitute, Open Approach |
| 09UV0JZ | Supplement Left Ethmoid Sinus with Synthetic Substitute, Open Approach |
| 09UV0KZ | Supplement Left Ethmoid Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UV37Z | Supplement Left Ethmoid Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UV3JZ | Supplement Left Ethmoid Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UV3KZ | Supplement Left Ethmoid Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UV47Z | Supplement Left Ethmoid Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UV4JZ | Supplement Left Ethmoid Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UV4KZ | Supplement Left Ethmoid Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UV77Z | Supplement Left Ethmoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UV7JZ | Supplement Left Ethmoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UV7KZ | Supplement Left Ethmoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UV87Z | Supplement Left Ethmoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UV8JZ | Supplement Left Ethmoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UV8KZ | Supplement Left Ethmoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UW | Supplement / Sphenoid Sinus, Right |
| 09UW07Z | Supplement Right Sphenoid Sinus with Autologous Tissue Substitute, Open Approach |
| 09UW0JZ | Supplement Right Sphenoid Sinus with Synthetic Substitute, Open Approach |
| 09UW0KZ | Supplement Right Sphenoid Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UW37Z | Supplement Right Sphenoid Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UW3JZ | Supplement Right Sphenoid Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UW3KZ | Supplement Right Sphenoid Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UW47Z | Supplement Right Sphenoid Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UW4JZ | Supplement Right Sphenoid Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UW4KZ | Supplement Right Sphenoid Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UW77Z | Supplement Right Sphenoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UW7JZ | Supplement Right Sphenoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UW7KZ | Supplement Right Sphenoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UW87Z | Supplement Right Sphenoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UW8JZ | Supplement Right Sphenoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UW8KZ | Supplement Right Sphenoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UX | Supplement / Sphenoid Sinus, Left |
| 09UX07Z | Supplement Left Sphenoid Sinus with Autologous Tissue Substitute, Open Approach |
| 09UX0JZ | Supplement Left Sphenoid Sinus with Synthetic Substitute, Open Approach |
| 09UX0KZ | Supplement Left Sphenoid Sinus with Nonautologous Tissue Substitute, Open Approach |
| 09UX37Z | Supplement Left Sphenoid Sinus with Autologous Tissue Substitute, Percutaneous Approach |
| 09UX3JZ | Supplement Left Sphenoid Sinus with Synthetic Substitute, Percutaneous Approach |
| 09UX3KZ | Supplement Left Sphenoid Sinus with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UX47Z | Supplement Left Sphenoid Sinus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UX4JZ | Supplement Left Sphenoid Sinus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UX4KZ | Supplement Left Sphenoid Sinus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UX77Z | Supplement Left Sphenoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UX7JZ | Supplement Left Sphenoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening |
| 09UX7KZ | Supplement Left Sphenoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 09UX87Z | Supplement Left Sphenoid Sinus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UX8JZ | Supplement Left Sphenoid Sinus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 09UX8KZ | Supplement Left Sphenoid Sinus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 09WD0SZ | Revision of Hearing Device in Right Inner Ear, Open Approach |
| 09WD7SZ | Revision of Hearing Device in Right Inner Ear, Via Natural or Artificial Opening |
| 09WD8SZ | Revision of Hearing Device in Right Inner Ear, Via Natural or Artificial Opening Endoscopic |
| 09WE0SZ | Revision of Hearing Device in Left Inner Ear, Open Approach |
| 09WE7SZ | Revision of Hearing Device in Left Inner Ear, Via Natural or Artificial Opening |
| 09WE8SZ | Revision of Hearing Device in Left Inner Ear, Via Natural or Artificial Opening Endoscopic |
| 0D16079 | Bypass Stomach to Duodenum with Autologous Tissue Substitute, Open Approach |
| 0D1607A | Bypass Stomach to Jejunum with Autologous Tissue Substitute, Open Approach |
| 0D1607B | Bypass Stomach to Ileum with Autologous Tissue Substitute, Open Approach |
| 0D1607L | Bypass Stomach to Transverse Colon with Autologous Tissue Substitute, Open Approach |
| 0D160J9 | Bypass Stomach to Duodenum with Synthetic Substitute, Open Approach |
| 0D160JA | Bypass Stomach to Jejunum with Synthetic Substitute, Open Approach |
| 0D160JB | Bypass Stomach to Ileum with Synthetic Substitute, Open Approach |
| 0D160JL | Bypass Stomach to Transverse Colon with Synthetic Substitute, Open Approach |
| 0D160K9 | Bypass Stomach to Duodenum with Nonautologous Tissue Substitute, Open Approach |
| 0D160KA | Bypass Stomach to Jejunum with Nonautologous Tissue Substitute, Open Approach |
| 0D160KB | Bypass Stomach to Ileum with Nonautologous Tissue Substitute, Open Approach |
| 0D160KL | Bypass Stomach to Transverse Colon with Nonautologous Tissue Substitute, Open Approach |
| 0D160Z9 | Bypass Stomach to Duodenum, Open Approach |
| 0D160ZA | Bypass Stomach to Jejunum, Open Approach |
| 0D160ZB | Bypass Stomach to Ileum, Open Approach |
| 0D160ZL | Bypass Stomach to Transverse Colon, Open Approach |
| 0D164Z9 | Bypass Stomach to Duodenum, Percutaneous Endoscopic Approach |
| 0D164ZA | Bypass Stomach to Jejunum, Percutaneous Endoscopic Approach |
| 0D164ZB | Bypass Stomach to Ileum, Percutaneous Endoscopic Approach |
| 0D18 | Bypass / Small Intestine |
| 0D18074 | Bypass Small Intestine to Cutaneous with Autologous Tissue Substitute, Open Approach |
| 0D18078 | Bypass Small Intestine to Small Intestine with Autologous Tissue Substitute, Open Approach |
| 0D1807H | Bypass Small Intestine to Cecum with Autologous Tissue Substitute, Open Approach |
| 0D1807K | Bypass Small Intestine to Ascending Colon with Autologous Tissue Substitute, Open Approach |
| 0D1807L | Bypass Small Intestine to Transverse Colon with Autologous Tissue Substitute, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0D1807M | Bypass Small Intestine to Descending Colon with Autologous Tissue Substitute, Open Approach |
| 0D1807N | Bypass Small Intestine to Sigmoid Colon with Autologous Tissue Substitute, Open Approach |
| 0D1807P | Bypass Small Intestine to Rectum with Autologous Tissue Substitute, Open Approach |
| 0D1807Q | Bypass Small Intestine to Anus with Autologous Tissue Substitute, Open Approach |
| 0D180J4 | Bypass Small Intestine to Cutaneous with Synthetic Substitute, Open Approach |
| 0D180J8 | Bypass Small Intestine to Small Intestine with Synthetic Substitute, Open Approach |
| 0D180JH | Bypass Small Intestine to Cecum with Synthetic Substitute, Open Approach |
| 0D180JK | Bypass Small Intestine to Ascending Colon with Synthetic Substitute, Open Approach |
| 0D180JL | Bypass Small Intestine to Transverse Colon with Synthetic Substitute, Open Approach |
| 0D180JM | Bypass Small Intestine to Descending Colon with Synthetic Substitute, Open Approach |
| 0D180JN | Bypass Small Intestine to Sigmoid Colon with Synthetic Substitute, Open Approach |
| 0D180JP | Bypass Small Intestine to Rectum with Synthetic Substitute, Open Approach |
| 0D180JQ | Bypass Small Intestine to Anus with Synthetic Substitute, Open Approach |
| 0D180K4 | Bypass Small Intestine to Cutaneous with Nonautologous Tissue Substitute, Open Approach |
| 0D180K8 | Bypass Small Intestine to Small Intestine with Nonautologous Tissue Substitute, Open Approach |
| 0D180KH | Bypass Small Intestine to Cecum with Nonautologous Tissue Substitute, Open Approach |
| 0D180KK | Bypass Small Intestine to Ascending Colon with Nonautologous Tissue Substitute, Open Approach |
| 0D180KL | Bypass Small Intestine to Transverse Colon with Nonautologous Tissue Substitute, Open Approach |
| 0D180KM | Bypass Small Intestine to Descending Colon with Nonautologous Tissue Substitute, Open Approach |
| 0D180KN | Bypass Small Intestine to Sigmoid Colon with Nonautologous Tissue Substitute, Open Approach |
| 0D180KP | Bypass Small Intestine to Rectum with Nonautologous Tissue Substitute, Open Approach |
| 0D180KQ | Bypass Small Intestine to Anus with Nonautologous Tissue Substitute, Open Approach |
| 0D180Z4 | Bypass Small Intestine to Cutaneous, Open Approach |
| 0D180Z8 | Bypass Small Intestine to Small Intestine, Open Approach |
| 0D180ZH | Bypass Small Intestine to Cecum, Open Approach |
| 0D180ZK | Bypass Small Intestine to Ascending Colon, Open Approach |
| 0D180ZL | Bypass Small Intestine to Transverse Colon, Open Approach |
| 0D180ZM | Bypass Small Intestine to Descending Colon, Open Approach |
| 0D180ZN | Bypass Small Intestine to Sigmoid Colon, Open Approach |
| 0D180ZP | Bypass Small Intestine to Rectum, Open Approach |
| 0D180ZQ | Bypass Small Intestine to Anus, Open Approach |
| 0D1847 4 | Bypass Small Intestine to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847 8 | Bypass Small Intestine to Small Intestine with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847H | Bypass Small Intestine to Cecum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847K | Bypass Small Intestine to Ascending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847L | Bypass Small Intestine to Transverse Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847M | Bypass Small Intestine to Descending Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847N | Bypass Small Intestine to Sigmoid Colon with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847P | Bypass Small Intestine to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1847Q | Bypass Small Intestine to Anus with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184J4 | Bypass Small Intestine to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184J8 | Bypass Small Intestine to Small Intestine with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JH | Bypass Small Intestine to Cecum with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JK | Bypass Small Intestine to Ascending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JL | Bypass Small Intestine to Transverse Colon with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JM | Bypass Small Intestine to Descending Colon with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JN | Bypass Small Intestine to Sigmoid Colon with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JP | Bypass Small Intestine to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184JQ | Bypass Small Intestine to Anus with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D184K4 | Bypass Small Intestine to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184K8 | Bypass Small Intestine to Small Intestine with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KH | Bypass Small Intestine to Cecum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KK | Bypass Small Intestine to Ascending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KL | Bypass Small Intestine to Transverse Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KM | Bypass Small Intestine to Descending Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KN | Bypass Small Intestine to Sigmoid Colon with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KP | Bypass Small Intestine to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184KQ | Bypass Small Intestine to Anus with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D184Z4 | Bypass Small Intestine to Cutaneous, Percutaneous Endoscopic Approach |
| 0D184Z8 | Bypass Small Intestine to Small Intestine, Percutaneous Endoscopic Approach |
| 0D184ZH | Bypass Small Intestine to Cecum, Percutaneous Endoscopic Approach |
| 0D184ZK | Bypass Small Intestine to Ascending Colon, Percutaneous Endoscopic Approach |
| 0D184ZL | Bypass Small Intestine to Transverse Colon, Percutaneous Endoscopic Approach |
| 0D184ZM | Bypass Small Intestine to Descending Colon, Percutaneous Endoscopic Approach |
| 0D184ZN | Bypass Small Intestine to Sigmoid Colon, Percutaneous Endoscopic Approach |
| 0D184ZP | Bypass Small Intestine to Rectum, Percutaneous Endoscopic Approach |
| 0D184ZQ | Bypass Small Intestine to Anus, Percutaneous Endoscopic Approach |
| 0D18874 | Bypass Small Intestine to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D18878 | Bypass Small Intestine to Small Intestine with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887H | Bypass Small Intestine to Cecum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887K | Bypass Small Intestine to Ascending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887L | Bypass Small Intestine to Transverse Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887M | Bypass Small Intestine to Descending Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887N | Bypass Small Intestine to Sigmoid Colon with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887P | Bypass Small Intestine to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1887Q | Bypass Small Intestine to Anus with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188J4 | Bypass Small Intestine to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188J8 | Bypass Small Intestine to Small Intestine with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188JH | Bypass Small Intestine to Cecum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188JK | Bypass Small Intestine to Ascending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188JL | Bypass Small Intestine to Transverse Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188JM | Bypass Small Intestine to Descending Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0D188JN | Bypass Small Intestine to Sigmoid Colon with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188JP | Bypass Small Intestine to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188JQ | Bypass Small Intestine to Anus with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188K4 | Bypass Small Intestine to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188K8 | Bypass Small Intestine to Small Intestine with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KH | Bypass Small Intestine to Cecum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KK | Bypass Small Intestine to Ascending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KL | Bypass Small Intestine to Transverse Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KM | Bypass Small Intestine to Descending Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KN | Bypass Small Intestine to Sigmoid Colon with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KP | Bypass Small Intestine to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188KQ | Bypass Small Intestine to Anus with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D188Z4 | Bypass Small Intestine to Cutaneous, Via Natural or Artificial Opening Endoscopic |
| 0D188Z8 | Bypass Small Intestine to Small Intestine, Via Natural or Artificial Opening Endoscopic |
| 0D188ZH | Bypass Small Intestine to Cecum, Via Natural or Artificial Opening Endoscopic |
| 0D188ZK | Bypass Small Intestine to Ascending Colon, Via Natural or Artificial Opening Endoscopic |
| 0D188ZL | Bypass Small Intestine to Transverse Colon, Via Natural or Artificial Opening Endoscopic |
| 0D188ZM | Bypass Small Intestine to Descending Colon, Via Natural or Artificial Opening Endoscopic |
| 0D188ZN | Bypass Small Intestine to Sigmoid Colon, Via Natural or Artificial Opening Endoscopic |
| 0D188ZP | Bypass Small Intestine to Rectum, Via Natural or Artificial Opening Endoscopic |
| 0D188ZQ | Bypass Small Intestine to Anus, Via Natural or Artificial Opening Endoscopic |
| 0D190Z4 | Bypass Duodenum to Cutaneous, Open Approach |
| 0D190Z4 | Bypass Duodenum to Cutaneous, Open Approach |
| 0D190ZA | Bypass Duodenum to Jejunum, Open Approach |
| 0D190ZA | Bypass Duodenum to Jejunum, Open Approach |
| 0D190ZB | Bypass Duodenum to Ileum, Open Approach |
| 0D190ZB | Bypass Duodenum to Ileum, Open Approach |
| 0D190ZB | Bypass Duodenum to Ileum, Open Approach |
| 0D1A0Z4 | Bypass Jejunum to Cutaneous, Open Approach |
| 0D1A0Z4 | Bypass Jejunum to Cutaneous, Open Approach |
| 0D1A0ZB | Bypass Jejunum to Ileum, Open Approach |
| 0D1A0ZB | Bypass Jejunum to Ileum, Open Approach |
| 0D1B0Z4 | Bypass Ileum to Cutaneous, Open Approach |
| 0D1B0Z4 | Bypass Ileum to Cutaneous, Open Approach |
| 0D1E | Bypass / Large Intestine |
| 0D1E074 | Bypass Large Intestine to Cutaneous with Autologous Tissue Substitute, Open Approach |
| 0D1E07E | Bypass Large Intestine to Large Intestine with Autologous Tissue Substitute, Open Approach |
| 0D1E07P | Bypass Large Intestine to Rectum with Autologous Tissue Substitute, Open Approach |
| 0D1E0J4 | Bypass Large Intestine to Cutaneous with Synthetic Substitute, Open Approach |
| 0D1E0JE | Bypass Large Intestine to Large Intestine with Synthetic Substitute, Open Approach |
| 0D1E0JP | Bypass Large Intestine to Rectum with Synthetic Substitute, Open Approach |
| 0D1E0K4 | Bypass Large Intestine to Cutaneous with Nonautologous Tissue Substitute, Open Approach |
| 0D1E0KE | Bypass Large Intestine to Large Intestine with Nonautologous Tissue Substitute, Open Approach |
| 0D1E0KP | Bypass Large Intestine to Rectum with Nonautologous Tissue Substitute, Open Approach |
| 0D1E0Z4 | Bypass Large Intestine to Cutaneous, Open Approach |
| 0D1E0ZE | Bypass Large Intestine to Large Intestine, Open Approach |
| 0D1E0ZP | Bypass Large Intestine to Rectum, Open Approach |
| 0D1E474 | Bypass Large Intestine to Cutaneous with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1E47E | Bypass Large Intestine to Large Intestine with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1E47P | Bypass Large Intestine to Rectum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1E4J4 | Bypass Large Intestine to Cutaneous with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D1E4JE | Bypass Large Intestine to Large Intestine with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D1E4JP | Bypass Large Intestine to Rectum with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0D1E4K4 | Bypass Large Intestine to Cutaneous with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1E4KE | Bypass Large Intestine to Large Intestine with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1E4KP | Bypass Large Intestine to Rectum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0D1E4Z4 | Bypass Large Intestine to Cutaneous, Percutaneous Endoscopic Approach |
| 0D1E4ZE | Bypass Large Intestine to Large Intestine, Percutaneous Endoscopic Approach |
| 0D1E4ZP | Bypass Large Intestine to Rectum, Percutaneous Endoscopic Approach |
| 0D1E874 | Bypass Large Intestine to Cutaneous with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E87E | Bypass Large Intestine to Large Intestine with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E87P | Bypass Large Intestine to Rectum with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8J4 | Bypass Large Intestine to Cutaneous with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8JE | Bypass Large Intestine to Large Intestine with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8JP | Bypass Large Intestine to Rectum with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8K4 | Bypass Large Intestine to Cutaneous with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8KE | Bypass Large Intestine to Large Intestine with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8KP | Bypass Large Intestine to Rectum with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0D1E8Z4 | Bypass Large Intestine to Cutaneous, Via Natural or Artificial Opening Endoscopic |
| 0D1E8ZE | Bypass Large Intestine to Large Intestine, Via Natural or Artificial Opening Endoscopic |
| 0D1E8ZP | Bypass Large Intestine to Rectum, Via Natural or Artificial Opening Endoscopic |
| 0D1K0Z4 | Bypass Ascending Colon to Cutaneous, Open Approach |
| 0D1K0ZP | Bypass Ascending Colon to Rectum, Open Approach |
| 0D1K0ZP | Bypass Ascending Colon to Rectum, Open Approach |
| 0D1L0Z4 | Bypass Transverse Colon to Cutaneous, Open Approach |
| 0D1L0ZP | Bypass Transverse Colon to Rectum, Open Approach |
| 0D1L0ZP | Bypass Transverse Colon to Rectum, Open Approach |
| 0D1M0Z4 | Bypass Descending Colon to Cutaneous, Open Approach |
| 0D1M0ZP | Bypass Descending Colon to Rectum, Open Approach |
| 0D1M0ZP | Bypass Descending Colon to Rectum, Open Approach |
| 0D1N0Z4 | Bypass Sigmoid Colon to Cutaneous, Open Approach |
| 0D1N0ZP | Bypass Sigmoid Colon to Rectum, Open Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 0D1N0ZP | Bypass Sigmoid Colon to Rectum, Open Approach |
| 0D5U0ZZ | Destruction of Omentum, Open Approach |
| 0D5U3ZZ | Destruction of Omentum, Percutaneous Approach |
| 0D5U4ZZ | Destruction of Omentum, Percutaneous Endoscopic Approach |
| 0DB60ZZ | Excision of Stomach, Open Approach |
| 0DB63ZZ | Excision of Stomach, Percutaneous Approach |
| 0DB64Z3 | Excision of Stomach, Percutaneous Endoscopic Approach, Vertical |
| 0DB64ZZ | Excision of Stomach, Percutaneous Endoscopic Approach |
| 0DB67ZZ | Excision of Stomach, Via Natural or Artificial Opening |
| 0DB68ZZ | Excision of Stomach, Via Natural or Artificial Opening Endoscopic |
| 0DB94ZZ | Excision of Duodenum, Percutaneous Endoscopic Approach |
| 0DBA4ZZ | Excision of Ileum, Percutaneous Endoscopic Approach |
| 0DBC4ZZ | Excision of Ileocecal Valve, Percutaneous Endoscopic Approach |
| 0DH60MZ | Insertion of Stimulator Lead into Stomach, Open Approach |
| 0DH63MZ | Insertion of Stimulator Lead into Stomach, Percutaneous Approach |
| 0DH64MZ | Insertion of Stimulator Lead into Stomach, Percutaneous Endoscopic Approach |
| 0DP643Z | Removal of Infusion Device from Stomach, Percutaneous Endoscopic Approach |
| 0DP64CZ | Removal of Extraluminal Device from Stomach, Percutaneous Endoscopic Approach |
| 0DP64JZ | Removal of Synthetic Substitute from Stomach, Percutaneous Endoscopic Approach |
| 0DP64MZ | Removal of Stimulator Lead from Stomach, Percutaneous Endoscopic Approach |
| 0DQ64ZZ | Repair Stomach, Percutaneous Endoscopic Approach |
| 0DT80ZZ | Resection of Small Intestine, Open Approach |
| 0DT90ZZ | Resection of Duodenum, Open Approach |
| 0DTA0ZZ | Resection of Jejunum, Open Approach |
| 0DTB0ZZ | Resection of Ileum, Open Approach |
| 0DTC0ZZ | Resection of Ileocecal Valve, Open Approach |
| 0DTC0ZZ | Resection of Ileocecal Valve, Open Approach |
| 0DTE0ZZ | Resection of Large Intestine, Open Approach |
| 0DTE0ZZ | Resection of Large Intestine, Open Approach |
| 0DTF0ZZ | Resection of Right Large Intestine, Open Approach |
| 0DTF0ZZ | Resection of Right Large Intestine, Open Approach |
| 0DTG0ZZ | Resection of Left Large Intestine, Open Approach |
| 0DTK0ZZ | Resection of Ascending Colon, Open Approach |
| 0DTL0ZZ | Resection of Transverse Colon, Open Approach |
| 0DTM0ZZ | Resection of Descending Colon, Open Approach |
| 0DTN0ZZ | Resection of Sigmoid Colon, Open Approach |
| 0DTP0ZZ | Resection of Rectum, Open Approach |
| 0DTP0ZZ | Resection of Rectum, Open Approach |
| 0DV64CZ | Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach |
| 0DV64CZ | Restriction of Stomach with Extraluminal Device, Percutaneous Endoscopic Approach |
| 0DW60MZ | Revision of Stimulator Lead in Stomach, Open Approach |
| 0DW643Z | Revision of Infusion Device in Stomach, Percutaneous Endoscopic Approach |
| 0DW64CZ | Revision of Extraluminal Device in Stomach, Percutaneous Endoscopic Approach |
| 0DW64MZ | Revision of Stimulator Lead in Stomach, Percutaneous Endoscopic Approach |
| 0DXE0Z7 | Transfer Large Intestine to Vagina, Open Approach |
| 0DXE4Z7 | Transfer Large Intestine to Vagina, Percutaneous Endoscopic Approach |
| 0F140Z3 | Bypass Gallbladder to Duodenum, Open Approach |
| 0F140Z3 | Bypass Gallbladder to Duodenum, Open Approach |
| 0F140ZB | Bypass Gallbladder to Small Intestine, Open Approach |
| 0F140ZB | Bypass Gallbladder to Small Intestine, Open Approach |
| 0F190Z3 | Bypass Common Bile Duct to Duodenum, Open Approach |
| 0F190Z3 | Bypass Common Bile Duct to Duodenum, Open Approach |
| 0F500ZF | Destruction of Liver using Irreversible Electroporation, Open Approach |
| 0F503ZF | Destruction of Liver using Irreversible Electroporation, Percutaneous Approach |
| 0F504ZF | Destruction of Liver using Irreversible Electroporation, Percutaneous Endoscopic Approach |
| 0F510ZF | Destruction of Right Lobe Liver using Irreversible Electroporation, Open Approach |
| 0F513ZF | Destruction of Right Lobe Liver using Irreversible Electroporation, Percutaneous Approach |
| 0F514ZF | Destruction of Right Lobe Liver using Irreversible Electroporation, Percutaneous Endoscopic Approach |
| 0F520ZF | Destruction of Left Lobe Liver using Irreversible Electroporation, Open Approach |
| 0F523ZF | Destruction of Left Lobe Liver using Irreversible Electroporation, Percutaneous Approach |
| 0F524ZF | Destruction of Left Lobe Liver using Irreversible Electroporation, Percutaneous Endoscopic Approach |
| 0F548ZZ | Destruction of Gallbladder, Via Natural or Artificial Opening Endoscopic |
| 0F5G0ZF | Destruction of Pancreas using Irreversible Electroporation, Open Approach |
| 0F5G3ZF | Destruction of Pancreas using Irreversible Electroporation, Percutaneous Approach |
| 0F5G4ZF | Destruction of Pancreas using Irreversible Electroporation, Percutaneous Endoscopic Approach |
| 0FQG0ZZ | Repair Pancreas, Open Approach |
| 0FQG0ZZ | Repair Pancreas, Open Approach |
| 0H0T07Z | Alteration of Right Breast with Autologous Tissue Substitute, Open Approach |
| 0H0T0JZ | Alteration of Right Breast with Synthetic Substitute, Open Approach |
| 0H0T0KZ | Alteration of Right Breast with Nonautologous Tissue Substitute, Open Approach |
| 0H0T0ZZ | Alteration of Right Breast, Open Approach |
| 0H0T37Z | Alteration of Right Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0H0T3JZ | Alteration of Right Breast with Synthetic Substitute, Percutaneous Approach |
| 0H0T3KZ | Alteration of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0H0T3ZZ | Alteration of Right Breast, Percutaneous Approach |
| 0H0U07Z | Alteration of Left Breast with Autologous Tissue Substitute, Open Approach |
| 0H0U0JZ | Alteration of Left Breast with Synthetic Substitute, Open Approach |
| 0H0U0KZ | Alteration of Left Breast with Nonautologous Tissue Substitute, Open Approach |
| 0H0U0ZZ | Alteration of Left Breast, Open Approach |
| 0H0U37Z | Alteration of Left Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0H0U3JZ | Alteration of Left Breast with Synthetic Substitute, Percutaneous Approach |
| 0H0U3KZ | Alteration of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0H0V07Z | Alteration of Bilateral Breast with Autologous Tissue Substitute, Open Approach |
| 0H0V0JZ | Alteration of Bilateral Breast with Synthetic Substitute, Open Approach |
| 0H0V0KZ | Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach |
| 0H0V0ZZ | Alteration of Bilateral Breast, Open Approach |
| 0H0V37Z | Alteration of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0H0V3JZ | Alteration of Bilateral Breast with Synthetic Substitute, Percutaneous Approach |
| 0H0V3KZ | Alteration of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0H0V3ZZ | Alteration of Bilateral Breast, Percutaneous Approach |
| 0HBT0ZZ | Excision of Right Breast, Open Approach |
| 0HBT3ZZ | Excision of Right Breast, Percutaneous Approach |
| 0HBU0ZZ | Excision of Left Breast, Open Approach |
| 0HBU3ZZ | Excision of Left Breast, Percutaneous Approach |
| 0HBV0ZZ | Excision of Bilateral Breast, Open Approach |
| 0HBV3ZZ | Excision of Bilateral Breast, Percutaneous Approach |
| 0HBW0ZZ | Excision of Right Nipple, Open Approach |
| 0HBX0ZZ | Excision of Left Nipple, Open Approach |
| 0HD1XZZ | Extraction of Face Skin, External Approach |
| 0HDSXZZ | Extraction of Hair, External Approach |
| 0HDT | Extraction / Breast, Right |
| 0HDT0ZZ | Extraction of Right Breast, Open Approach |
| 0HDU | Extraction / Breast, Left |
| 0HDU0ZZ | Extraction of Left Breast, Open Approach |
| 0HDV | Extraction / Breast, Bilateral |
| 0HDV0ZZ | Extraction of Bilateral Breast, Open Approach |
| 0HDY | Extraction / Supernumerary Breast |
| 0HDY0ZZ | Extraction of Supernumerary Breast, Open Approach |
| 0HHT0NZ | Insertion of Tissue Expander into Right Breast, Open Approach |
| 0HHT0NZ | Insertion of Tissue Expander into Right Breast, Open Approach |
| 0HHT3NZ | Insertion of Tissue Expander into Right Breast, Percutaneous Approach |
| 0HHT7NZ | Insertion of Tissue Expander into Right Breast, Via Natural or Artificial Opening |
| 0HHT8NZ | Insertion of Tissue Expander into Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HHU0NZ | Insertion of Tissue Expander into Left Breast, Open Approach |
| 0HHU0NZ | Insertion of Tissue Expander into Left Breast, Open Approach |
| 0HHU3NZ | Insertion of Tissue Expander into Left Breast, Percutaneous Approach |
| 0HHU7NZ | Insertion of Tissue Expander into Left Breast, Via Natural or Artificial Opening |
| 0HHU8NZ | Insertion of Tissue Expander into Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HHV0NZ | Insertion of Tissue Expander into Bilateral Breast, Open Approach |
| 0HHV3NZ | Insertion of Tissue Expander into Bilateral Breast, Percutaneous Approach |
| 0HHV7NZ | Insertion of Tissue Expander into Bilateral Breast, Via Natural or Artificial Opening |
| 0HHV8NZ | Insertion of Tissue Expander into Bilateral Breast, Via Natural or Artificial Opening Endoscopic |
| 0HHVONZ | Insertion of Tissue Expander into Bilateral Breast, Open Approach |
| 0HHW0NZ | Insertion of Tissue Expander into Right Nipple, Open Approach |
| 0HHW3NZ | Insertion of Tissue Expander into Right Nipple, Percutaneous Approach |
| 0HHW7NZ | Insertion of Tissue Expander into Right Nipple, Via Natural or Artificial Opening |
| 0HHW8NZ | Insertion of Tissue Expander into Right Nipple, Via Natural or Artificial Opening Endoscopic |
| 0HHX0NZ | Insertion of Tissue Expander into Left Nipple, Open Approach |
| 0HHX3NZ | Insertion of Tissue Expander into Left Nipple, Percutaneous Approach |
| 0HHX7NZ | Insertion of Tissue Expander into Left Nipple, Via Natural or Artificial Opening |
| 0HHX8NZ | Insertion of Tissue Expander into Left Nipple, Via Natural or Artificial Opening Endoscopic |
| 0HMTXZZ | Reattachment of Right Breast, External Approach |
| 0HMUXZZ | Reattachment of Left Breast, External Approach |
| 0HMVXZZ | Reattachment of Bilateral Breast, External Approach |
| 0HNW0ZZ | Release Right Nipple, Open Approach |
| 0HNW0ZZ | Release Right Nipple, Open Approach |
| 0HNWXZZ | Release Right Nipple, External Approach |
| 0HNWXZZ | Release Right Nipple, External Approach |
| 0HNX0ZZ | Release Left Nipple, Open Approach |
| 0HNX0ZZ | Release Left Nipple, Open Approach |
| 0HNXXZZ | Release Left Nipple, External Approach |
| 0HNXXZZ | Release Left Nipple, External Approach |
| 0HPT0JZ | Removal of Synthetic Substitute from Right Breast, Open Approach |
| 0HPT0NZ | Removal of Tissue Expander from Right Breast, Open Approach |
| 0HPT0NZ | Removal of Tissue Expander from Right Breast, Open Approach |
| 0HPT3JZ | Removal of Synthetic Substitute from Right Breast, Percutaneous Approach |
| 0HPT3NZ | Removal of Tissue Expander from Right Breast, Percutaneous Approach |
| 0HPU0JZ | Removal of Synthetic Substitute from Left Breast, Open Approach |
| 0HPU0NZ | Removal of Tissue Expander from Left Breast, Open Approach |
| 0HPU0NZ | Removal of Tissue Expander from Left Breast, Open Approach |
| 0HPU3JZ | Removal of Synthetic Substitute from Left Breast, Percutaneous Approach |
| 0HPU3NZ | Removal of Tissue Expander from Left Breast, Percutaneous Approach |
| 0HQT0ZZ | Repair Right Breast, Open Approach |
| 0HQT0ZZ | Repair Right Breast, Open Approach |
| 0HQT0ZZ | Repair Right Breast, Open Approach |
| 0HQT3ZZ | Repair Right Breast, Percutaneous Approach |
| 0HQT7ZZ | Repair Right Breast, Via Natural or Artificial Opening |
| 0HQT8ZZ | Repair Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HQU0ZZ | Repair Left Breast, Open Approach |
| 0HQU0ZZ | Repair Left Breast, Open Approach |
| 0HQU0ZZ | Repair Left Breast, Open Approach |
| 0HQU0ZZ | Repair Left Breast, Open Approach |
| 0HQU3ZZ | Repair Left Breast, Percutaneous Approach |
| 0HQU7ZZ | Repair Left Breast, Via Natural or Artificial Opening |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0HQU8ZZ | Repair Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HQV0ZZ | Repair Bilateral Breast, Open Approach |
| 0HQV0ZZ | Repair Bilateral Breast, Open Approach |
| 0HQV0ZZ | Repair Bilateral Breast, Open Approach |
| 0HQV3ZZ | Repair Bilateral Breast, Percutaneous Approach |
| 0HQV7ZZ | Repair Bilateral Breast, Via Natural or Artificial Opening |
| 0HQV8ZZ | Repair Bilateral Breast, Via Natural or Artificial Opening Endoscopic |
| 0HQW0ZZ | Repair Right Nipple, Open Approach |
| 0HQW0ZZ | Repair Right Nipple, Open Approach |
| 0HQW3ZZ | Repair Right Nipple, Percutaneous Approach |
| 0HQW7ZZ | Repair Right Nipple, Via Natural or Artificial Opening |
| 0HQW8ZZ | Repair Right Nipple, Via Natural or Artificial Opening Endoscopic |
| 0HQWXZZ | Repair Right Nipple, External Approach |
| 0HQX0ZZ | Repair Left Nipple, Open Approach |
| 0HQX0ZZ | Repair Left Nipple, Open Approach |
| 0HQX3ZZ | Repair Left Nipple, Percutaneous Approach |
| 0HQX7ZZ | Repair Left Nipple, Via Natural or Artificial Opening |
| 0HQX8ZZ | Repair Left Nipple, Via Natural or Artificial Opening Endoscopic |
| 0HQXXZZ | Repair Left Nipple, External Approach |
| 0HQY0ZZ | Repair Supernumerary Breast, Open Approach |
| 0HQY3ZZ | Repair Supernumerary Breast, Percutaneous Approach |
| 0HQY7ZZ | Repair Supernumerary Breast, Via Natural or Artificial Opening |
| 0HQY8ZZ | Repair Supernumerary Breast, Via Natural or Artificial Opening Endoscopic |
| 0HR0X72 | Replacement of Scalp Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR0XJ3 | Replacement of Scalp Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR0XJ4 | Replacement of Scalp Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR0XJZ | Replacement of Scalp Skin with Synthetic Substitute, External Approach |
| 0HR1X72 | Replacement of Face Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR1XJ3 | Replacement of Face Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR1XJ4 | Replacement of Face Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR1XJZ | Replacement of Face Skin with Synthetic Substitute, External Approach |
| 0HR2X72 | Replacement of Right Ear Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR2XJ3 | Replacement of Right Ear Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR2XJ4 | Replacement of Right Ear Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR2XJZ | Replacement of Right Ear Skin with Synthetic Substitute, External Approach |
| 0HR2XK3 | Replacement of Right Ear Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR2XK4 | Replacement of Right Ear Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR3X72 | Replacement of Left Ear Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR3XJ3 | Replacement of Left Ear Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR3XJ4 | Replacement of Left Ear Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR3XJZ | Replacement of Left Ear Skin with Synthetic Substitute, External Approach |
| 0HR3XK3 | Replacement of Left Ear Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR3XK4 | Replacement of Left Ear Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR4X72 | Replacement of Neck Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR4XJ3 | Replacement of Neck Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR4XJ4 | Replacement of Neck Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR4XJZ | Replacement of Neck Skin with Synthetic Substitute, External Approach |
| 0HR5X72 | Replacement of Chest Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR5XJ3 | Replacement of Chest Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR5XJ4 | Replacement of Chest Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR5XJZ | Replacement of Chest Skin with Synthetic Substitute, External Approach |
| 0HR5XK3 | Replacement of Chest Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR5XK4 | Replacement of Chest Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR6X72 | Replacement of Back Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR6XJ3 | Replacement of Back Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR6XJ4 | Replacement of Back Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR6XJ4 | Replacement of Back Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR6XJZ | Replacement of Back Skin with Synthetic Substitute, External Approach |
| 0HR6XJZ | Replacement of Back Skin with Synthetic Substitute, External Approach |
| 0HR6XK3 | Replacement of Back Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR6XK3 | Replacement of Back Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR6XK4 | Replacement of Back Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR6XK4 | Replacement of Back Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR7X72 | Replacement of Abdomen Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR7XJ3 | Replacement of Abdomen Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR7XJ3 | Replacement of Abdomen Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR7XJ4 | Replacement of Abdomen Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR7XJZ | Replacement of Abdomen Skin with Synthetic Substitute, External Approach |
| 0HR7XK3 | Replacement of Abdomen Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR7XK4 | Replacement of Abdomen Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR8X72 | Replacement of Buttock Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HR8XJ3 | Replacement of Buttock Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HR8XJ4 | Replacement of Buttock Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HR8XJZ | Replacement of Buttock Skin with Synthetic Substitute, External Approach |
| 0HR8XK3 | Replacement of Buttock Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HR8XK4 | Replacement of Buttock Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HR9X72 | Replacement of Perineum Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRAX72 | Replacement of Inguinal Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRAXJ3 | Replacement of Inguinal Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRAXJ4 | Replacement of Inguinal Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRAXJZ | Replacement of Inguinal Skin with Synthetic Substitute, External Approach |
| 0HRBX72 | Replacement of Right Upper Arm Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0HRBXJ3 | Replacement of Right Upper Arm Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRBXJ4 | Replacement of Right Upper Arm Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRBXJZ | Replacement of Right Upper Arm Skin with Synthetic Substitute, External Approach |
| 0HRBXK3 | Replacement of Right Upper Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRBXK4 | Replacement of Right Upper Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRCX72 | Replacement of Left Upper Arm Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRCXJ3 | Replacement of Left Upper Arm Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRCXJ4 | Replacement of Left Upper Arm Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRCXJZ | Replacement of Left Upper Arm Skin with Synthetic Substitute, External Approach |
| 0HRCXK3 | Replacement of Left Upper Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRCXK4 | Replacement of Left Upper Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRDX72 | Replacement of Right Lower Arm Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRDXJ3 | Replacement of Right Lower Arm Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRDXJ4 | Replacement of Right Lower Arm Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRDXJZ | Replacement of Right Lower Arm Skin with Synthetic Substitute, External Approach |
| 0HRDXK3 | Replacement of Right Lower Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRDXK4 | Replacement of Right Lower Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HREX72 | Replacement of Left Lower Arm Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HREXJ3 | Replacement of Left Lower Arm Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HREXJ4 | Replacement of Left Lower Arm Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HREXJZ | Replacement of Left Lower Arm Skin with Synthetic Substitute, External Approach |
| 0HREXK3 | Replacement of Left Lower Arm Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HREXK4 | Replacement of Left Lower Arm Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRFX72 | Replacement of Right Hand Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRFXJ3 | Replacement of Right Hand Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRFXJ4 | Replacement of Right Hand Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRFXJZ | Replacement of Right Hand Skin with Synthetic Substitute, External Approach |
| 0HRGX72 | Replacement of Left Hand Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRGXJ3 | Replacement of Left Hand Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRGXJ4 | Replacement of Left Hand Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRGXJZ | Replacement of Left Hand Skin with Synthetic Substitute, External Approach |
| 0HRHX72 | Replacement of Right Upper Leg Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRHXJ3 | Replacement of Right Upper Leg Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRHXJ4 | Replacement of Right Upper Leg Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRHXJZ | Replacement of Right Upper Leg Skin with Synthetic Substitute, External Approach |
| 0HRHXK3 | Replacement of Right Upper Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External App |
| 0HRHXK4 | Replacement of Right Upper Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRJX72 | Replacement of Left Upper Leg Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRJXJ3 | Replacement of Left Upper Leg Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRJXJ4 | Replacement of Left Upper Leg Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRJXJZ | Replacement of Left Upper Leg Skin with Synthetic Substitute, External Approach |
| 0HRJXK3 | Replacement of Left Upper Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRJXK4 | Replacement of Left Upper Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRKX72 | Replacement of Right Lower Leg Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRKXJ3 | Replacement of Right Lower Leg Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRKXJ4 | Replacement of Right Lower Leg Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRKXJZ | Replacement of Right Lower Leg Skin with Synthetic Substitute, External Approach |
| 0HRKXK3 | Replacement of Right Lower Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRKXK3 | Replacement of Right Lower Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRKXK4 | Replacement of Right Lower Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRKXK4 | Replacement of Right Lower Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRLX72 | Replacement of Left Lower Leg Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRLXJ3 | Replacement of Left Lower Leg Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRLXJ3 | Replacement of Left Lower Leg Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRLXJ4 | Replacement of Left Lower Leg Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRLXJ4 | Replacement of Left Lower Leg Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRLXJZ | Replacement of Left Lower Leg Skin with Synthetic Substitute, External Approach |
| 0HRLXJZ | Replacement of Left Lower Leg Skin with Synthetic Substitute, External Approach |
| 0HRLXK3 | Replacement of Left Lower Leg Skin with Nonautologous Tissue Substitute, Full Thickness, External Approach |
| 0HRLXK4 | Replacement of Left Lower Leg Skin with Nonautologous Tissue Substitute, Partial Thickness, External Approach |
| 0HRMX72 | Replacement of Right Foot Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRMXJ3 | Replacement of Right Foot Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRMXJ4 | Replacement of Right Foot Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRMXJZ | Replacement of Right Foot Skin with Synthetic Substitute, External Approach |
| 0HRNX72 | Replacement of Left Foot Skin with Autologous Tissue Substitute, Cell Suspension Technique, External Approach |
| 0HRNXJ3 | Replacement of Left Foot Skin with Synthetic Substitute, Full Thickness, External Approach |
| 0HRNXJ4 | Replacement of Left Foot Skin with Synthetic Substitute, Partial Thickness, External Approach |
| 0HRNXJZ | Replacement of Left Foot Skin with Synthetic Substitute, External Approach |
| 0HRT075 | Replacement of Right Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0HRT075 | Replacement of Right Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0HRT076 | Replacement of Right Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0HRT076 | Replacement of Right Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open App |
| 0HRT077 | Replacement of Right Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRT077 | Replacement of Right Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRT078 | Replacement of Right Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRT078 | Replacement of Right Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRT079 | Replacement of Right Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRT079 | Replacement of Right Breast using Gluteal Artery Perforator Flap, Open Approach |
| 0HRT07Z | Replacement of Right Breast with Autologous Tissue Substitute, Open Approach |
| 0HRT07Z | Replacement of Right Breast with Autologous Tissue Substitute, Open Approach |
| 0HRT0JZ | Replacement of Right Breast with Synthetic Substitute, Open Approach |
| 0HRT0JZ | Replacement of Right Breast with Synthetic Substitute, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0HRT0JZ | Replacement of Right Breast with Synthetic Substitute, Open Approach |
| 0HRT0JZ | Replacement of Right Breast with Synthetic Substitute, Open Approach |
| 0HRT0KZ | Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HRT0KZ | Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HRT0KZ | Replacement of Right Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HRT0ZZ | Replacement of Right Breast with Autologous Tissue Substitute, Open Approach |
| 0HRT37Z | Replacement of Right Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0HRT3JZ | Replacement of Right Breast with Synthetic Substitute, Percutaneous Approach |
| 0HRT3KZ | Replacement of Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HRTXJZ | Replacement of Right Breast with Synthetic Substitute, External Approach |
| 0HRU075 | Replacement of Left Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0HRU075 | Replacement of Left Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0HRU076 | Replacement of Left Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0HRU076 | Replacement of Bilateral Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0HRU077 | Replacement of Left Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRU077 | Replacement of Left Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRU077 | Replacement of Left Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRU078 | Replacement of Left Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRU078 | Replacement of Left Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRU078 | Replacement of Left Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRU079 | Replacement of Left Breast using Gluteal Artery Perforator Flap, Open Approach |
| 0HRU079 | Replacement of Left Breast using Gluteal Artery Perforator Flap, Open Approach |
| 0HRU079 | Replacement of Left Breast using Gluteal Artery Perforator Flap, Open Approach |
| 0HRU07Z | Replacement of Left Breast with Autologous Tissue Substitute, Open Approach |
| 0HRU07Z | Replacement of Left Breast with Autologous Tissue Substitute, Open Approach |
| 0HRU07Z | Replacement of Left Breast with Autologous Tissue Substitute, Open Approach |
| 0HRU0JZ | Replacement of Left Breast with Synthetic Substitute, Open Approach |
| 0HRU0JZ | Replacement of Left Breast with Synthetic Substitute, Open Approach |
| 0HRU0JZ | Replacement of Right Breast with Synthetic Substitute, Open Approach |
| 0HRU0JZ | Replacement of Left Breast with Synthetic Substitute, Open Approach |
| 0HRU0KZ | Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HRU0KZ | Replacement of Left Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HRU37Z | Replacement of Left Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0HRU3JZ | Replacement of Left Breast with Synthetic Substitute, Percutaneous Approach |
| 0HRU3KZ | Replacement of Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HRV075 | Replacement of Bilateral Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0HRV075 | Replacement of Bilateral Breast using Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0HRV076 | Replacement of Bilateral Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0HRV076 | Replacement of Bilateral Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0HRV076 | Replacement of Bilateral Breast using Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0HRV077 | Replacement of Bilateral Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRV077 | Replacement of Bilateral Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRV077 | Replacement of Bilateral Breast using Deep Inferior Epigastric Artery Perforator Flap, Open Approach |
| 0HRV078 | Replacement of Bilateral Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRV078 | Replacement of Bilateral Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRV078 | Replacement of Bilateral Breast using Superficial Inferior Epigastric Artery Flap, Open Approach |
| 0HRV079 | Replacement of Bilateral Breast using Gluteal Artery Perforator Flap, Open Approach |
| 0HRV079 | Replacement of Bilateral Breast using Gluteal Artery Perforator Flap, Open Approach |
| 0HRV07Z | Replacement of Bilateral Breast with Autologous Tissue Substitute, Open Approach |
| 0HRV07Z | Replacement of Bilateral Breast with Autologous Tissue Substitute, Open Approach |
| 0HRV0JZ | Replacement of Bilateral Breast with Synthetic Substitute, Open Approach |
| 0HRV0JZ | Replacement of Left Breast with Synthetic Substitute, Open Approach |
| 0HRV0KZ | Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HRV37Z | Replacement of Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0HRV3JZ | Replacement of Bilateral Breast with Synthetic Substitute, Percutaneous Approach |
| 0HRV3KZ | Replacement of Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HRW07Z | Replacement of Right Nipple with Autologous Tissue Substitute, Open Approach |
| 0HRW07Z | Replacement of Right Nipple with Autologous Tissue Substitute, Open Approach |
| 0HRW0JZ | Replacement of Right Nipple with Synthetic Substitute, Open Approach |
| 0HRW0KZ | Replacement of Right Nipple with Nonautologous Tissue Substitute, Open Approach |
| 0HRW0KZ | Replacement of Right Nipple with Nonautologous Tissue Substitute, Open Approach |
| 0HRW37Z | Replacement of Right Nipple with Autologous Tissue Substitute, Percutaneous Approach |
| 0HRW3JZ | Replacement of Right Nipple with Synthetic Substitute, Percutaneous Approach |
| 0HRW3KZ | Replacement of Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HRWX7Z | Replacement of Right Nipple with Autologous Tissue Substitute, External Approach |
| 0HRWX7Z | Replacement of Right Nipple with Autologous Tissue Substitute, External Approach |
| 0HRWXJZ | Replacement of Right Nipple with Synthetic Substitute, External Approach |
| 0HRWXJZ | Replacement of Right Nipple with Synthetic Substitute, External Approach |
| 0HRWXKZ | Replacement of Right Nipple with Nonautologous Tissue Substitute, External Approach |
| 0HRWXKZ | Replacement of Right Nipple with Nonautologous Tissue Substitute, External Approach |
| 0HRX072 | Replacement of Left Nipple with Autologous Tissue Substitute, Open Approach |
| 0HRX07Z | Replacement of Left Nipple with Autologous Tissue Substitute, Open Approach |
| 0HRX0JZ | Replacement of Left Nipple with Synthetic Substitute, Open Approach |
| 0HRX0JZ | Replacement of Left Nipple with Synthetic Substitute, Open Approach |
| 0HRX0KZ | Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach |
| 0HRX0KZ | Replacement of Left Nipple with Nonautologous Tissue Substitute, Open Approach |
| 0HRX37Z | Replacement of Left Nipple with Autologous Tissue Substitute, Percutaneous Approach |
| 0HRX3JZ | Replacement of Left Nipple with Synthetic Substitute, Percutaneous Approach |
| 0HRX3KZ | Replacement of Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HRXX7Z | Replacement of Left Nipple with Autologous Tissue Substitute, External Approach |
| 0HRXX7Z | Replacement of Left Nipple with Autologous Tissue Substitute, External Approach |
| 0HRXXJZ | Replacement of Left Nipple with Synthetic Substitute, External Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0HRXXJZ | Replacement of Left Nipple with Synthetic Substitute, External Approach |
| 0HRXXKZ | Replacement of Left Nipple with Nonautologous Tissue Substitute, External Approach |
| 0HRXXKZ | Replacement of Left Nipple with Nonautologous Tissue Substitute, External Approach |
| 0HST0ZZ | Reposition Right Breast, Open Approach |
| 0HST0ZZ | Reposition Right Breast, Open Approach |
| 0HSU0ZZ | Reposition Left Breast, Open Approach |
| 0HSU0ZZ | Reposition Left Breast, Open Approach |
| 0HSV0ZZ | Reposition Bilateral Breast, Open Approach |
| 0HSV0ZZ | Reposition Right Nipple, External Approach |
| 0HSWXZZ | Reposition Right Nipple, External Approach |
| 0HSWXZZ | Reposition Right Nipple, External Approach |
| 0HSXXZZ | Reposition Left Nipple, External Approach |
| 0HSXXZZ | Reposition Left Nipple, External Approach |
| 0HTT0ZZ | Resection of Right Breast, Open Approach |
| 0HTT0ZZ | Resection of Right Breast, Open Approach |
| 0HTU0ZZ | Resection of Left Breast, Open Approach |
| 0HTU0ZZ | Resection of Left Breast, Open Approach |
| 0HTU0ZZ | Resection of Right Breast, Open Approach |
| 0HTV0ZZ | Resection of Bilateral Breast, Open Approach |
| 0HTV0ZZ | Resection of Bilateral Breast, Open Approach |
| 0HTV0ZZ | Resection of Bilateral Breast, Open Approach |
| 0HTWXZZ | Resection of Right Nipple, External Approach |
| 0HTXXZZ | Resection of Left Nipple, External Approach |
| 0HTY0ZZ | Resection of Supernumerary Breast, Open Approach |
| 0HUT07Z | Supplement Right Breast with Autologous Tissue Substitute, Open Approach |
| 0HUT0JZ | Supplement Right Breast with Synthetic Substitute, Open Approach |
| 0HUT0KZ | Supplement Right Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HUT37Z | Supplement Right Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0HUT3JZ | Supplement Right Breast with Synthetic Substitute, Percutaneous Approach |
| 0HUT3KZ | Supplement Right Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HUT77Z | Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUT7JZ | Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening |
| 0HUT7KZ | Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUT87Z | Supplement Right Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUT8JZ | Supplement Right Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUT8KZ | Supplement Right Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUU07Z | Supplement Left Breast with Autologous Tissue Substitute, Open Approach |
| 0HUU0JZ | Supplement Left Breast with Synthetic Substitute, Open Approach |
| 0HUU0KZ | Supplement Left Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HUU37Z | Supplement Left Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0HUU3JZ | Supplement Left Breast with Synthetic Substitute, Percutaneous Approach |
| 0HUU3KZ | Supplement Left Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HUU77Z | Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUU7JZ | Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening |
| 0HUU7KZ | Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUU87Z | Supplement Left Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUU8JZ | Supplement Left Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUU8KZ | Supplement Left Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUV07Z | Supplement Bilateral Breast with Autologous Tissue Substitute, Open Approach |
| 0HUV0JZ | Supplement Bilateral Breast with Synthetic Substitute, Open Approach |
| 0HUV0KZ | Supplement Bilateral Breast with Nonautologous Tissue Substitute, Open Approach |
| 0HUV37Z | Supplement Bilateral Breast with Autologous Tissue Substitute, Percutaneous Approach |
| 0HUV3JZ | Supplement Bilateral Breast with Synthetic Substitute, Percutaneous Approach |
| 0HUV3KZ | Supplement Bilateral Breast with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HUV77Z | Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUV7JZ | Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening |
| 0HUV7KZ | Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUV87Z | Supplement Bilateral Breast with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUV8JZ | Supplement Bilateral Breast with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUV8KZ | Supplement Bilateral Breast with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUW07Z | Supplement Right Nipple with Autologous Tissue Substitute, Open Approach |
| 0HUW0JZ | Supplement Right Nipple with Synthetic Substitute, Open Approach |
| 0HUW0KZ | Supplement Right Nipple with Nonautologous Tissue Substitute, Open Approach |
| 0HUW37Z | Supplement Right Nipple with Autologous Tissue Substitute, Percutaneous Approach |
| 0HUW3JZ | Supplement Right Nipple with Synthetic Substitute, Percutaneous Approach |
| 0HUW3KZ | Supplement Right Nipple with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HUW77Z | Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUW7JZ | Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening |
| 0HUW7KZ | Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUW87Z | Supplement Right Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUW8JZ | Supplement Right Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUW8KZ | Supplement Right Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUWX7Z | Supplement Right Nipple with Autologous Tissue Substitute, External Approach |
| 0HUWXJZ | Supplement Right Nipple with Synthetic Substitute, External Approach |
| 0HUWXKZ | Supplement Right Nipple with Nonautologous Tissue Substitute, External Approach |
| 0HUX07Z | Supplement Left Nipple with Autologous Tissue Substitute, Open Approach |
| 0HUX0JZ | Supplement Left Nipple with Synthetic Substitute, Open Approach |
| 0HUX0KZ | Supplement Left Nipple with Nonautologous Tissue Substitute, Open Approach |
| 0HUX37Z | Supplement Left Nipple with Autologous Tissue Substitute, Percutaneous Approach |
| 0HUX3JZ | Supplement Left Nipple with Synthetic Substitute, Percutaneous Approach |
| 0HUX3KZ | Supplement Left Nipple with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0HUX77Z | Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0HUX7JZ | Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening |
| 0HUX7KZ | Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening |
| 0HUX87Z | Supplement Left Nipple with Autologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUX8JZ | Supplement Left Nipple with Synthetic Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUX8KZ | Supplement Left Nipple with Nonautologous Tissue Substitute, Via Natural or Artificial Opening Endoscopic |
| 0HUXX7Z | Supplement Left Nipple with Autologous Tissue Substitute, External Approach |
| 0HUXXJZ | Supplement Left Nipple with Synthetic Substitute, External Approach |
| 0HUXXKZ | Supplement Left Nipple with Nonautologous Tissue Substitute, External Approach |
| 0HWT00Z | Revision of Drainage Device in Right Breast, Open Approach |
| 0HWT07Z | Revision of Autologous Tissue Substitute in Right Breast, Open Approach |
| 0HWT0JZ | Revision of Synthetic Substitute in Right Breast, Open Approach |
| 0HWT0KZ | Revision of Nonautologous Tissue Substitute in Right Breast, Open Approach |
| 0HWT0NZ | Revision of Tissue Expander in Right Breast, Open Approach |
| 0HWT0YZ | Revision of Other Device in Right Breast, Open Approach |
| 0HWT30Z | Revision of Drainage Device in Right Breast, Percutaneous Approach |
| 0HWT37Z | Revision of Autologous Tissue Substitute in Right Breast, Percutaneous Approach |
| 0HWT3JZ | Revision of Synthetic Substitute in Right Breast, Percutaneous Approach |
| 0HWT3KZ | Revision of Nonautologous Tissue Substitute in Right Breast, Percutaneous Approach |
| 0HWT3NZ | Revision of Tissue Expander in Right Breast, Percutaneous Approach |
| 0HWT3YZ | Revision of Other Device in Right Breast, Percutaneous Approach |
| 0HWT70Z | Revision of Drainage Device in Right Breast, Via Natural or Artificial Opening |
| 0HWT77Z | Revision of Autologous Tissue Substitute in Right Breast, Via Natural or Artificial Opening |
| 0HWT7JZ | Revision of Synthetic Substitute in Right Breast, Via Natural or Artificial Opening |
| 0HWT7KZ | Revision of Nonautologous Tissue Substitute in Right Breast, Via Natural or Artificial Opening |
| 0HWT7NZ | Revision of Tissue Expander in Right Breast, Via Natural or Artificial Opening |
| 0HWT7YZ | Revision of Other Device in Right Breast, Via Natural or Artificial Opening |
| 0HWT80Z | Revision of Drainage Device in Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWT87Z | Revision of Autologous Tissue Substitute in Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWT8JZ | Revision of Synthetic Substitute in Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWT8KZ | Revision of Nonautologous Tissue Substitute in Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWT8NZ | Revision of Tissue Expander in Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWT8YZ | Revision of Other Device in Right Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWU00Z | Revision of Drainage Device in Left Breast, Open Approach |
| 0HWU07Z | Revision of Autologous Tissue Substitute in Left Breast, Open Approach |
| 0HWU0JZ | Revision of Synthetic Substitute in Left Breast, Open Approach |
| 0HWU0KZ | Revision of Nonautologous Tissue Substitute in Left Breast, Open Approach |
| 0HWU0NZ | Revision of Tissue Expander in Left Breast, Open Approach |
| 0HWU0YZ | Revision of Other Device in Left Breast, Open Approach |
| 0HWU30Z | Revision of Drainage Device in Left Breast, Percutaneous Approach |
| 0HWU37Z | Revision of Autologous Tissue Substitute in Left Breast, Percutaneous Approach |
| 0HWU3JZ | Revision of Synthetic Substitute in Left Breast, Percutaneous Approach |
| 0HWU3JZ | Revision of Synthetic Substitute in Left Breast, Percutaneous Approach |
| 0HWU3KZ | Revision of Nonautologous Tissue Substitute in Left Breast, Percutaneous Approach |
| 0HWU3NZ | Revision of Tissue Expander in Left Breast, Percutaneous Approach |
| 0HWU3YZ | Revision of Other Device in Left Breast, Percutaneous Approach |
| 0HWU70Z | Revision of Drainage Device in Left Breast, Via Natural or Artificial Opening |
| 0HWU77Z | Revision of Autologous Tissue Substitute in Left Breast, Via Natural or Artificial Opening |
| 0HWU7JZ | Revision of Synthetic Substitute in Left Breast, Via Natural or Artificial Opening |
| 0HWU7KZ | Revision of Nonautologous Tissue Substitute in Left Breast, Via Natural or Artificial Opening |
| 0HWU7NZ | Revision of Tissue Expander in Left Breast, Via Natural or Artificial Opening |
| 0HWU7YZ | Revision of Other Device in Left Breast, Via Natural or Artificial Opening |
| 0HWU80Z | Revision of Drainage Device in Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWU87Z | Revision of Autologous Tissue Substitute in Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWU8JZ | Revision of Synthetic Substitute in Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWU8KZ | Revision of Nonautologous Tissue Substitute in Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWU8NZ | Revision of Tissue Expander in Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0HWU8YZ | Revision of Other Device in Left Breast, Via Natural or Artificial Opening Endoscopic |
| 0J013ZZ | Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J013ZZ | Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J040ZZ | Alteration of Right Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J040ZZ | Alteration of Right Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J043ZZ | Alteration of Right Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J043ZZ | Alteration of Right Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J050ZZ | Alteration of Left Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J050ZZ | Alteration of Left Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J053ZZ | Alteration of Left Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J053ZZ | Alteration of Left Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J060ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0J060ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0J063ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J063ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J070ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0J070ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0J073ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J073ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J080ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0J080ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0J083ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J083ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J090ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach |
| 0J090ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach |
| 0J093ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0J093ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0D0ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0D0ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0D3ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0D3ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0F0ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0F0ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0F3ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0F3ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0G0ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0G0ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0G3ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0G3ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0H0ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0H0ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0H3ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0H3ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0L0ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0L0ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0L3ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0L3ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0M0ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0M0ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0M3ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0M3ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0N0ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0N3ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0N3ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0P0ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0P3ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0P3ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J8L0ZZ | Division of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J8N0ZZ | Division of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JBL0ZZ | Excision of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JBM0ZZ | Excision of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JD00ZZ | Extraction of Scalp Subcutaneous Tissue and Fascia, Open Approach |
| 0JD03ZZ | Extraction of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD10ZZ | Extraction of Face Subcutaneous Tissue and Fascia, Open Approach |
| 0JD13ZZ | Extraction of Face Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD40ZZ | Extraction of Right Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0JD43ZZ | Extraction of Right Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD50ZZ | Extraction of Left Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0JD53ZZ | Extraction of Left Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD60ZZ | Extraction of Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0JD63ZZ | Extraction of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD70ZZ | Extraction of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JD73ZZ | Extraction of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD80ZZ | Extraction of Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0JD83ZZ | Extraction of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JD90ZZ | Extraction of Buttock Subcutaneous Tissue and Fascia, Open Approach |
| 0JD93ZZ | Extraction of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDB0ZZ | Extraction of Perineum Subcutaneous Tissue and Fascia, Open Approach |
| 0JDB3ZZ | Extraction of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDC0ZZ | Extraction of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach |
| 0JDC3ZZ | Extraction of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDD0ZZ | Extraction of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0JDD3ZZ | Extraction of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDF0ZZ | Extraction of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0JDF3ZZ | Extraction of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDG0ZZ | Extraction of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0JDG3ZZ | Extraction of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDH0ZZ | Extraction of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0JDH3ZZ | Extraction of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDJ0ZZ | Extraction of Right Hand Subcutaneous Tissue and Fascia, Open Approach |
| 0JDJ3ZZ | Extraction of Right Hand Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDK0ZZ | Extraction of Left Hand Subcutaneous Tissue and Fascia, Open Approach |
| 0JDK3ZZ | Extraction of Left Hand Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDL0ZZ | Extraction of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JDL3ZZ | Extraction of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDM0ZZ | Extraction of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JDM3ZZ | Extraction of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDN0ZZ | Extraction of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JDN3ZZ | Extraction of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDP0ZZ | Extraction of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JDP3ZZ | Extraction of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDQ0ZZ | Extraction of Right Foot Subcutaneous Tissue and Fascia, Open Approach |
| 0JDQ3ZZ | Extraction of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JDR0ZZ | Extraction of Left Foot Subcutaneous Tissue and Fascia, Open Approach |
| 0JDR3ZZ | Extraction of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH60BZ | Insertion of Single Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0JH60CZ | Insertion of Single Array Rechargeable Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0JH60DZ | Insertion of Multiple Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0JH60EZ | Insertion of Multiple Array Rechargeable Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0JH60FZ | Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0JH60MZ | Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0JH63BZ | Insertion of Single Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH63CZ | Insertion of Single Array Rechargeable Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH63DZ | Insertion of Multiple Array Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH63EZ | Insertion of Multiple Array Rechargeable Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH63FZ | Insertion of Subcutaneous Defibrillator Lead into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH63MZ | Insertion of Stimulator Generator into Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH70BZ | Insertion of Single Array Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH70CZ | Insertion of Single Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH70DZ | Insertion of Multiple Array Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH70EZ | Insertion of Multiple Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH70MZ | Insertion of Stimulator Generator into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH70VZ | Insertion of Infusion Pump into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH70WZ | Insertion of Infusion Pump into Back Subcutaneous Tissue and Fascia, Open Approach |
| 0JH73BZ | Insertion of Single Array Stimulator Generator into Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH73CZ | Insertion of Single Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH73DZ | Insertion of Multiple Array Stimulator Generator into Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH73EZ | Insertion of Multiple Array Rechargeable Stimulator Generator into Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH73MZ | Insertion of Stimulator Generator into Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH80BZ | Insertion of Single Array Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0JH80CZ | Insertion of Single Array Rechargeable Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0JH80DZ | Insertion of Multiple Array Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0JH80EZ | Insertion of Multiple Array Rechargeable Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0JH80MZ | Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0JH83BZ | Insertion of Single Array Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH83CZ | Insertion of Single Array Rechargeable Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH83DZ | Insertion of Multiple Array Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH83EZ | Insertion of Multiple Array Rechargeable Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JH83MZ | Insertion of Stimulator Generator into Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JM0ZZ | Division of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0JPS0NZ | Removal of Tissue Expander from Head and Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0JPT0FZ | Removal of Subcutaneous Defibrillator Lead from Trunk Subcutaneous Tissue and Fascia, Open Approach |
| 0JPT0MZ | Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Open Approach |
| 0JPT0NZ | Removal of Tissue Expander from Trunk Subcutaneous Tissue and Fascia, Open Approach |
| 0JPT3FZ | Removal of Subcutaneous Defibrillator Lead from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JPT3MZ | Removal of Stimulator Generator from Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JPV0NZ | Removal of Tissue Expander from Upper Extremity Subcutaneous Tissue and Fascia, Open Approach |
| 0JPW0NZ | Removal of Tissue Expander from Lower Extremity Subcutaneous Tissue and Fascia, Open Approach |
| 0JR037Z | Replacement of Scalp Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JR137Z | Replacement of Face Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JR437Z | Replacement of Right Neck Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JR537Z | Replacement of Left Neck Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JR637Z | Replacement of Chest Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JR737Z | Replacement of Back Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JR837Z | Replacement of Abdomen Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous approach |
| 0JR937Z | Replacement of Buttock Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRB37Z | Replacement of Perineum Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous approach |
| 0JRC37Z | Replacement of Pelvic Region Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous approach |
| 0JRD37Z | Replacement of Right Upper Arm Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRF37Z | Replacement of Left Upper Arm Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRG37Z | Replacement of Right Lower Arm Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRH37Z | Replacement of Left Lower Arm Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRJ37Z | Replacement of Right Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRK37Z | Replacement of Left Hand Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRL37Z | Replacement of Right Upper Leg Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRM37Z | Replacement of Left Upper Leg Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRN37Z | Replacement of Right Lower Leg Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRP37Z | Replacement of Left Lower Leg Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRQ37Z | Replacement of Right Foot Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JRR37Z | Replacement of Left Foot Subcutaneous Tissue and Fascia with Autologous Tissue Substitute, Percutaneous Approach |
| 0JWT0FZ | Revision of Subcutaneous Defibrillator Lead in Trunk Subcutaneous Tissue and Fascia, Open Approach |
| 0JWT3FZ | Revision of Subcutaneous Defibrillator Lead in Trunk Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0JWTXFZ | Revision of Subcutaneous Defibrillator Lead in Trunk Subcutaneous Tissue and Fascia, External Approach |
| 0KHX0MZ | Insertion of Stimulator Lead into Upper Muscle, Open Approach |
| 0KHY0MZ | Insertion of Stimulator Lead into Lower Muscle, Open Approach |
| 0KTH0ZZ | Resection of Right Thorax Muscle, Open Approach |
| 0KTH0ZZ | Resection of Right Thorax Muscle, Open Approach |
| 0KTJ0ZZ | Resection of Left Thorax Muscle, Open Approach |
| 0KTJ0ZZ | Resection of Left Thorax Muscle, Open Approach |
| 0KXF0Z5 | Transfer Right Trunk Muscle, Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0KXF0Z5 | Transfer Right Trunk Muscle, Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0KXG0Z5 | Transfer Left Trunk Muscle, Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0KXG0Z5 | Transfer Left Trunk Muscle, Latissimus Dorsi Myocutaneous Flap, Open Approach |
| 0KXK0Z6 | Transfer Right Abdomen Muscle, Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0KXK4Z6 | Transfer Right Abdomen Muscle, Transverse Rectus Abdominis Myocutaneous Flap, Percutaneous Endoscopic Approach |
| 0KXL0Z6 | Transfer Left Abdomen Muscle, Transverse Rectus Abdominis Myocutaneous Flap, Open Approach |
| 0KXL4Z6 | Transfer Left Abdomen Muscle, Transverse Rectus Abdominis Myocutaneous Flap, Percutaneous Endoscopic Approach |
| 0NB00ZZ | Excision of Skull, Open Approach |
| 0NH00NZ | Insertion of Neurostimulator Generator into Skull, Open Approach |
| 0NH50SZ | Insertion of Hearing Device into Right Temporal Bone, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0NH50SZ | Insertion of Hearing Device into Right Temporal Bone, Open Approach |
| 0NH53SZ | Insertion of Hearing Device into Right Temporal Bone, Percutaneous Approach |
| 0NH54SZ | Insertion of Hearing Device into Right Temporal Bone, Percutaneous Endoscopic Approach |
| 0NH60SZ | Insertion of Hearing Device into Left Temporal Bone, Open Approach |
| 0NH60SZ | Insertion of Hearing Device into Left Temporal Bone, Open Approach |
| 0NH63SZ | Insertion of Hearing Device into Left Temporal Bone, Percutaneous Approach |
| 0NH64SZ | Insertion of Hearing Device into Left Temporal Bone, Percutaneous Endoscopic Approach |
| 0NP00SZ | Removal of Hearing Device from Skull, Open Approach |
| 0NP00SZ | Removal of Hearing Device from Skull, Open Approach |
| **0NRB07Z** | **Replacement of Nasal Bone with Autologous Tissue Substitute, Open Approach** |
| 0NST04Z | Reposition Right Mandible with Internal Fixation Device, Open Approach |
| 0NSV04Z | Reposition Left Mandible with Internal Fixation Device, Open Approach |
| **ONUB07Z** | **Supplement Nasal Bone with Autologous Tissue Substitute, Open Approach** |
| 0NUR07Z | Supplement Maxilla with Autologous Tissue Substitute, Open Approach |
| 0NW00SZ | Revision of Hearing Device in Skull, Open Approach |
| 0NW00SZ | Revision of Hearing Device in Skull, Open Approach |
| 0PB30ZZ | Excision of Cervical Vertebra, Open Approach |
| 0PB40ZZ | Excision of Thoracic Vertebra, Open Approach |
| 0PC30ZZ | Extirpation of Matter from Cervical Vertebra, Open Approach |
| 0PC30ZZ | Extirpation of Matter from Cervical Vertebra, Open Approach |
| 0PH304Z | Insertion of Internal Fixation Device into Cervical Vertebra, Open Approach |
| 0PH304Z | Insertion of Internal Fixation Device into Cervical Vertebra, Open Approach |
| 0PH334Z | Insertion of Internal Fixation Device into Cervical Vertebra, Percutaneous Approach |
| 0PH344Z | Insertion of Internal Fixation Device into Cervical Vertebra, Percutaneous Endoscopic Approach |
| 0PH404Z | Insertion of Internal Fixation Device into Thoracic Vertebra, Open Approach |
| 0PH404Z | Insertion of Internal Fixation Device into Thoracic Vertebra, Open Approach |
| 0PH434Z | Insertion of Internal Fixation Device into Thoracic Vertebra, Percutaneous Approach |
| 0PH444Z | Insertion of Internal Fixation Device into Thoracic Vertebra, Percutaneous Endoscopic Approach |
| 0PHF07Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Humeral Shaft, Open Approach |
| 0PHF37Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Humeral Shaft, Percutaneous Approach |
| 0PHF47Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Humeral Shaft, Percutaneous Endoscopic Approach |
| 0PHG07Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Humeral Shaft, Open Approach |
| 0PHG37Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Humeral Shaft, Percutaneous Approach |
| 0PHG47Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Humeral Shaft, Percutaneous Endoscopic Approach |
| 0PP304Z | Removal of Internal Fixation Device from Cervical Vertebra, Open Approach |
| 0PP304Z | Removal of Internal Fixation Device from Thoracic Vertebra, Open Approach |
| 0PP404Z | Removal of Internal Fixation Device from Thoracic Vertebra, Open Approach |
| 0PS304Z | Reposition Cervical Vertebra with Internal Fixation Device, Open Approach |
| 0PS304Z | Reposition Cervical Vertebra with Internal Fixation Device, Open Approach |
| 0PS30ZZ | Reposition Cervical Vertebra, Open Approach |
| 0PS30ZZ | Reposition Cervical Vertebra, Open Approach |
| 0PS334Z | Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Approach |
| 0PS334Z | Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Approach |
| 0PS33ZZ | Reposition Cervical Vertebra, Percutaneous Approach |
| 0PS33ZZ | Reposition Cervical Vertebra, Percutaneous Approach |
| 0PS344Z | Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0PS344Z | Reposition Cervical Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0PS34ZZ | Reposition Cervical Vertebra, Percutaneous Endoscopic Approach |
| 0PS34ZZ | Reposition Cervical Vertebra, Percutaneous Endoscopic Approach |
| 0PS3XZZ | Reposition Cervical Vertebra, External Approach |
| 0PS3XZZ | Reposition Cervical Vertebra, External Approach |
| 0PS403Z | Reposition Thoracic Vertebra with Spinal Stabilization Device, Vertebral Body Tether, Open Approach |
| 0PS404Z | Reposition Thoracic Vertebra with Internal Fixation Device, Open Approach |
| 0PS40ZZ | Reposition Thoracic Vertebra, Open Approach |
| 0PS434Z | Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Approach |
| 0PS43ZZ | Reposition Thoracic Vertebra, Percutaneous Approach |
| 0PS443Z | Reposition Thoracic Vertebra with Spinal Stabilization Device, Vertebral Body Tether, Percutaneous Endoscopic Approach |
| 0PS444Z | Reposition Thoracic Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0PS44ZZ | Reposition Thoracic Vertebra, Percutaneous Endoscopic Approach |
| 0PS4XZZ | Reposition Thoracic Vertebra, External Approach |
| 0PU33JZ | Supplement Cervical Vertebra with Synthetic Substitute, Percutaneous Approach |
| 0PU34JZ | Supplement Cervical Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0PU34JZ | Supplement Cervical Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0PU43JZ | Supplement Thoracic Vertebra with Synthetic Substitute, Percutaneous Approach |
| 0PU43JZ | Supplement Thoracic Vertebra with Synthetic Substitute, Percutaneous Approach |
| 0PU44JZ | Supplement Thoracic Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0PU44JZ | Supplement Thoracic Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0QB00ZZ | Excision of Lumbar Vertebra, Open Approach |
| 0QB10ZZ | Excision of Sacrum, Open Approach |
| 0QB20ZZ | Excision of Right Pelvic Bone, Open Approach |
| 0QB20ZZ | Excision of Right Pelvic Bone, Open Approach |
| 0QB30ZZ | Excision of Left Pelvic Bone, Open Approach |
| 0QB30ZZ | Excision of Left Pelvic Bone, Open Approach |
| 0QH004Z | Insertion of Internal Fixation Device into Lumbar Vertebra, Open Approach |
| 0QH004Z | Removal of Internal Fixation Device from Lumbar Vertebra, Open Approach |
| 0QH034Z | Insertion of Internal Fixation Device into Lumbar Vertebra, Percutaneous Approach |
| 0QH044Z | Insertion of Internal Fixation Device into Lumbar Vertebra, Percutaneous Endoscopic Approach |
| 0QH104Z | Insertion of Internal Fixation Device into Sacrum, Open Approach |
| 0QH134Z | Insertion of Internal Fixation Device into Sacrum, Percutaneous Approach |
| 0QH144Z | Insertion of Internal Fixation Device into Sacrum, Percutaneous Endoscopic Approach |
| 0QH204Z | Insertion of Internal Fixation Device into Right Pelvic Bone, Open Approach |
| 0QH234Z | Insertion of Internal Fixation Device into Right Pelvic Bone, Percutaneous Approach |
| 0QH244Z | Insertion of Internal Fixation Device into Right Pelvic Bone, Percutaneous Endoscopic Approach |
| 0QH304Z | Insertion of Internal Fixation Device into Left Pelvic Bone, Open Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 0QH334Z | Insertion of Internal Fixation Device into Left Pelvic Bone, Percutaneous Approach |
| 0QH344Z | Insertion of Internal Fixation Device into Left Pelvic Bone, Percutaneous Endoscopic Approach |
| 0QH404Z | Insertion of Internal Fixation Device into Right Acetabulum, Open Approach |
| 0QH434Z | Insertion of Internal Fixation Device into Right Acetabulum, Percutaneous Approach |
| 0QH444Z | Insertion of Internal Fixation Device into Right Acetabulum, Percutaneous Endoscopic Approach |
| 0QH504Z | Insertion of Internal Fixation Device into Left Acetabulum, Open Approach |
| 0QH534Z | Insertion of Internal Fixation Device into Left Acetabulum, Percutaneous Approach |
| 0QH544Z | Insertion of Internal Fixation Device into Left Acetabulum, Percutaneous Endoscopic Approach |
| 0QH807Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Femoral Shaft, Open Approach |
| 0QH837Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Femoral Shaft, Percutaneous Approach |
| 0QH847Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Femoral Shaft, Percutaneous Endoscopic Approach |
| 0QH907Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Femoral Shaft, Open Approach |
| 0QH937Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Femoral Shaft, Percutaneous Approach |
| 0QH947Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Femoral Shaft, Percutaneous Endoscopic Approach |
| 0QHG07Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Tibia, Open Approach |
| 0QHG37Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Tibia, Percutaneous Approach |
| 0QHG47Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Right Tibia, Percutaneous Endoscopic Approach |
| 0QHH07Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Tibia, Open Approach |
| 0QHH37Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Tibia, Percutaneous Approach |
| 0QHH47Z | Insertion of Intramedullary Limb Lengthening Internal Fixation Device into Left Tibia, Percutaneous Endoscopic Approach |
| 0QP504Z | Removal of Internal Fixation Device from Left Acetabulum, Open Approach |
| 0QR60JZ | Replacement of Right Upper Femur with Synthetic Substitute, Open Approach |
| 0QR60JZ | Replacement of Right Upper Femur with Synthetic Substitute, Open Approach |
| 0QR60JZ | Replacement of Right Upper Femur with Synthetic Substitute, Open Approach |
| 0QR70JZ | Replacement of Left Upper Femur with Synthetic Substitute, Open Approach |
| 0QR70JZ | Replacement of Left Upper Femur with Synthetic Substitute, Open Approach |
| 0QR70JZ | Replacement of Left Upper Femur with Synthetic Substitute, Open Approach |
| 0QS003Z | Reposition Lumbar Vertebra with Spinal Stabilization Device, Vertebral Body Tether, Open Approach |
| 0QS004Z | Reposition Lumbar Vertebra with Internal Fixation Device, Open Approach |
| 0QS034Z | Reposition Lumbar Vertebra with Internal Fixation Device, Percutaneous Approach |
| 0QS043Z | Reposition Lumbar Vertebra with Spinal Stabilization Device, Vertebral Body Tether, Percutaneous Endoscopic Approach |
| 0QS044Z | Reposition Lumbar Vertebra with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0QS604Z | Reposition Right Upper Femur with Internal Fixation Device, Open Approach |
| 0QS606Z | Reposition Right Upper Femur with Intramedullary Internal Fixation Device, Open Approach |
| 0QS704Z | Reposition Left Upper Femur with Internal Fixation Device, Open Approach |
| 0QS706Z | Reposition Left Upper Femur with Intramedullary Internal Fixation Device, Open Approach |
| 0QU03JZ | Supplement Lumbar Vertebra with Synthetic Substitute, Percutaneous Approach |
| 0QU03JZ | Supplement Lumbar Vertebra with Synthetic Substitute, Percutaneous Approach |
| 0QU04JZ | Supplement Lumbar Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0QU04JZ | Supplement Lumbar Vertebra with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0QU13JZ | Supplement Sacrum with Synthetic Substitute, Percutaneous Approach |
| 0QU13JZ | Supplement Sacrum with Synthetic Substitute, Percutaneous Approach |
| 0QU14JZ | Supplement Sacrum with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0QU14JZ | Supplement Sacrum with Synthetic Substitute, Percutaneous Endoscopic Approach |

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**PROCEDURES-ICD10**

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| | |
|---|---|
| 0R530ZZ | Destruction of Cervical Vertebral Disc, Open Approach |
| 0R533ZZ | Destruction of Cervical Vertebral Disc, Percutaneous Approach |
| 0R534ZZ | Destruction of Cervical Vertebral Disc, Percutaneous Endoscopic Approach |
| 0R550ZZ | Destruction of Cervicothoracic Vertebral Disc, Open Approach |
| 0R553ZZ | Destruction of Cervicothoracic Vertebral Disc, Percutaneous Approach |
| 0R554ZZ | Destruction of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0R590ZZ | Destruction of Thoracic Vertebral Disc, Open Approach |
| 0R593ZZ | Destruction of Thoracic Vertebral Disc, Percutaneous Approach |
| 0R594ZZ | Destruction of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0R5B0ZZ | Destruction of Thoracolumbar Vertebral Disc, Open Approach |
| 0R5B3ZZ | Destruction of Thoracolumbar Vertebral Disc, Percutaneous Approach |
| 0R5B4ZZ | Destruction of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RB00ZZ | Excision of Occipital-cervical Joint, Open Approach |
| 0RB03ZZ | Excision of Occipital-cervical Joint, Percutaneous Approach |
| 0RB04ZZ | Excision of Occipital-cervical Joint, Percutaneous Endoscopic Approach |
| 0RB10ZZ | Excision of Cervical Vertebral Joint, Open Approach |
| 0RB13ZZ | Excision of Cervical Vertebral Joint, Percutaneous Approach |
| 0RB14ZZ | Excision of Cervical Vertebral Joint, Percutaneous Endoscopic Approach |
| 0RB30ZZ | Excision of Cervical Vertebral Disc, Open Approach |
| 0RB33ZZ | Excision of Cervical Vertebral Disc, Percutaneous Approach |
| 0RB34ZZ | Excision of Cervical Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RB40ZZ | Excision of Cervicothoracic Vertebral Joint, Open Approach |
| 0RB43ZZ | Excision of Cervicothoracic Vertebral Joint, Percutaneous Approach |
| 0RB44ZZ | Excision of Cervicothoracic Vertebral Joint, Percutaneous Endoscopic Approach |
| 0RB50ZZ | Excision of Cervicothoracic Vertebral Disc, Open Approach |
| 0RB53ZZ | Excision of Cervicothoracic Vertebral Disc, Percutaneous Approach |
| 0RB54ZZ | Excision of Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RB60ZZ | Excision of Thoracic Vertebral Joint, Open Approach |
| 0RB63ZZ | Excision of Thoracic Vertebral Joint, Percutaneous Approach |
| 0RB64ZZ | Excision of Thoracic Vertebral Joint, Percutaneous Endoscopic Approach |
| 0RB90ZZ | Excision of Thoracic Vertebral Disc, Open Approach |
| 0RB93ZZ | Excision of Thoracic Vertebral Disc, Percutaneous Approach |
| 0RB94ZZ | Excision of Thoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RBA0ZZ | Excision of Thoracolumbar Vertebral Joint, Open Approach |
| 0RBA3ZZ | Excision of Thoracolumbar Vertebral Joint, Percutaneous Approach |
| 0RBA4ZZ | Excision of Thoracolumbar Vertebral Joint, Percutaneous Endoscopic Approach |
| 0RBB0ZZ | Excision of Thoracolumbar Vertebral Disc, Open Approach |
| 0RBB3ZZ | Excision of Thoracolumbar Vertebral Disc, Percutaneous Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 0RBB4ZZ | Excision of Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RG0070 | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG0071 | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG007J | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG00A0 | Fusion of Occipital-cervical Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG00AJ | Fusion of Occipital-cervical Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG00J0 | Fusion of Occipital-cervical Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG00J1 | Fusion of Occipital-cervical Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG00JJ | Fusion of Occipital-cervical Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG00K0 | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG00K1 | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG00KJ | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG0370 | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG0371 | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG037J | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03A0 | Fusion of Occipital-cervical Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03AJ | Fusion of Occipital-cervical Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03J0 | Fusion of Occipital-cervical Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03J1 | Fusion of Occipital-cervical Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG03JJ | Fusion of Occipital-cervical Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03K0 | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03K1 | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG03KJ | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG03Z0 | Fusion of Occipital-cervical Joint, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG0470 | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG0471 | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG047J | Fusion of Occipital-cervical Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG04A0 | Fusion of Occipital-cervical Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG04AJ | Fusion of Occipital-cervical Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG04J0 | Fusion of Occipital-cervical Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG04J1 | Fusion of Occipital-cervical Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG04JJ | Fusion of Occipital-cervical Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG04K0 | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG04K1 | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG04KJ | Fusion of Occipital-cervical Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG1070 | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG1071 | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG107J | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG10A0 | Fusion of Cervical Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG10AJ | Fusion of Cervical Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG10J0 | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG10J1 | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG10JJ | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG10K0 | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG10K1 | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG10KJ | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG1370 | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG1371 | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG137J | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG13A0 | Fusion of Cervical Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG13AJ | Fusion of Cervical Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG13J0 | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG13J1 | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG13JJ | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG13K0 | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG13K1 | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG13KJ | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG1470 | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG1471 | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG147J | Fusion of Cervical Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG14A0 | Fusion of Cervical Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG14AJ | Fusion of Cervical Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG14J0 | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG14J1 | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG14JJ | Fusion of Cervical Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG14K0 | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG14K1 | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG14KJ | Fusion of Cervical Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG2070 | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG2071 | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG207J | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG20A0 | Fusion of 2 or more Cervical Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG20AJ | Fusion of 2 or more Cervical Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG20J0 | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG20J1 | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG20JJ | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG20K0 | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG20K1 | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG20KJ | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG2370 | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG2371 | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG237J | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0RG23A0 | Fusion of 2 or more Cervical Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG23AJ | Fusion of 2 or more Cervical Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG23J0 | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG23J1 | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG23JJ | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG23K0 | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG23K1 | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG23KJ | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG2470 | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG2471 | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approa |
| 0RG247J | Fusion of 2 or more Cervical Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approac |
| 0RG24A0 | Fusion of 2 or more Cervical Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG24AJ | Fusion of 2 or more Cervical Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG24J0 | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG24J1 | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG24JJ | Fusion of 2 or more Cervical Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG24K0 | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Appro |
| 0RG24K1 | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic App |
| 0RG24KJ | Fusion of 2 or more Cervical Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Appr |
| 0RG4070 | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG4071 | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG407J | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG40A0 | Fusion of Cervicothoracic Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG40AJ | Fusion of Cervicothoracic Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG40J0 | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG40J1 | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG40JJ | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG40K0 | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG40K1 | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG40KJ | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG4370 | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG4371 | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG437J | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG43A0 | Fusion of Cervicothoracic Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG43AJ | Fusion of Cervicothoracic Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG43J0 | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG43J1 | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG43JJ | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG43K0 | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG43K1 | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG43KJ | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG4470 | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG4471 | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG447J | Fusion of Cervicothoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG44A0 | Fusion of Cervicothoracic Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG44AJ | Fusion of Cervicothoracic Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG44J0 | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG44J1 | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG44JJ | Fusion of Cervicothoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG44K0 | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG44K1 | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approac |
| 0RG44KJ | Fusion of Cervicothoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approac h |
| 0RG6070 | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG6071 | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG607J | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG60A0 | Fusion of Thoracic Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG60AJ | Fusion of Thoracic Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG60J0 | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG60J1 | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG60JJ | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG60K0 | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG60K1 | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG60KJ | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG60Z0 | Fusion of Thoracic Vertebral Joint, Anterior Approach, Anterior Column, Open Approach |
| 0RG60Z1 | Fusion of Thoracic Vertebral Joint, Posterior Approach, Posterior Column, Open Approach |
| 0RG60ZJ | Fusion of Thoracic Vertebral Joint, Posterior Approach, Anterior Column, Open Approach |
| 0RG6370 | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG6371 | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG637J | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG63A0 | Fusion of Thoracic Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG63AJ | Fusion of Thoracic Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG63J0 | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG63J1 | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG63JJ | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG63K0 | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG63K1 | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG63KJ | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG6470 | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG6471 | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG647J | Fusion of Thoracic Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG64A0 | Fusion of Thoracic Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG64AJ | Fusion of Thoracic Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0RG64J0 | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG64J1 | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG64JJ | Fusion of Thoracic Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG64K0 | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG64K1 | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG64KJ | Fusion of Thoracic Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG7070 | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG7071 | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG707J | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG70A0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG70AJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG70J0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG70J1 | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG70JJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG70K0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG70K1 | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG70KJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG70Z0 | Fusion of 2 to 7 Thoracic Vertebral Joints, Anterior Approach, Anterior Column, Open Approach |
| 0RG70Z1 | Fusion of 2 to 7 Thoracic Vertebral Joints, Posterior Approach, Posterior Column, Open Approach |
| 0RG70ZJ | Fusion of 2 to 7 Thoracic Vertebral Joints, Posterior Approach, Anterior Column, Open Approach |
| 0RG7370 | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG7371 | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG737J | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73A0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73AJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73J0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73J1 | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG73JJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73K0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73K1 | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG73KJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73Z0 | Fusion of 2 to 7 Thoracic Vertebral Joints, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG73Z1 | Fusion of 2 to 7 Thoracic Vertebral Joints, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG73ZJ | Fusion of 2 to 7 Thoracic Vertebral Joints, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG7470 | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG7471 | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG747J | Fusion of 2 to 7 Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74A0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74AJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74J0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74J1 | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG74JJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74K0 | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74K1 | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approa |
| 0RG74KJ | Fusion of 2 to 7 Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approac |
| 0RG74Z0 | Fusion of 2 to 7 Thoracic Vertebral Joints, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG74Z1 | Fusion of 2 to 7 Thoracic Vertebral Joints, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG74ZJ | Fusion of 2 to 7 Thoracic Vertebral Joints, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG8070 | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG8071 | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG807J | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG80A0 | Fusion of 8 or more Thoracic Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RG80AJ | Fusion of 8 or more Thoracic Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RG80J0 | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG80J1 | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG80JJ | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG80K0 | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RG80K1 | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RG80KJ | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RG80Z0 | Fusion of 8 or more Thoracic Vertebral Joints, Anterior Approach, Anterior Column, Open Approach |
| 0RG8370 | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG8371 | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG837J | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG83A0 | Fusion of 8 or more Thoracic Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG83AJ | Fusion of 8 or more Thoracic Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG83J0 | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG83J1 | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG83JJ | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG83K0 | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RG83K1 | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RG83KJ | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RG8470 | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG8471 | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approa |
| 0RG847J | Fusion of 8 or more Thoracic Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approac |
| 0RG84A0 | Fusion of 8 or more Thoracic Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0RG84AJ | Fusion of 8 or more Thoracic Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG84J0 | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG84J1 | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RG84JJ | Fusion of 8 or more Thoracic Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RG84K0 | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Appro |
| 0RG84K1 | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic App |
| 0RG84KJ | Fusion of 8 or more Thoracic Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Appr |
| 0RGA070 | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RGA071 | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RGA07J | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RGA0A0 | Fusion of Thoracolumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0RGA0AJ | Fusion of Thoracolumbar Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0RGA0J0 | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RGA0J1 | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RGA0JJ | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RGA0K0 | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0RGA0K1 | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0RGA0KJ | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0RGA370 | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA371 | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RGA37J | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA3A0 | Fusion of Thoracolumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA3AJ | Fusion of Thoracolumbar Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA3J0 | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA3J1 | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RGA3JJ | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA3K0 | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA3K1 | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0RGA3KJ | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0RGA470 | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA471 | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RGA47J | Fusion of Thoracolumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA4A0 | Fusion of Thoracolumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA4AJ | Fusion of Thoracolumbar Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA4J0 | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA4J1 | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RGA4JJ | Fusion of Thoracolumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA4K0 | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RGA4K1 | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0RGA4KJ | Fusion of Thoracolumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0RP00JZ | Removal of Synthetic Substitute from Occipital-cervical Joint, Open Approach |
| 0RP10JZ | Removal of Synthetic Substitute from Cervical Vertebral Joint, Open Approach |
| 0RP40JZ | Removal of Synthetic Substitute from Cervicothoracic Vertebral Joint, Open Approach |
| 0RP50JZ | Removal of Synthetic Substitute from Cervicothoracic Vertebral Disc, Open Approach |
| 0RR30JZ | Replacement of Cervical Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RR30JZ | Replacement of Cervical Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RR50JZ | Replacement of Cervicothoracic Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RR50JZ | Replacement of Cervicothoracic Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RR90JZ | Replacement of Thoracic Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RR90JZ | Replacement of Thoracic Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RRB0JZ | Replacement of Thoracolumbar Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RRB0JZ | Replacement of Thoracolumbar Vertebral Disc with Synthetic Substitute, Open Approach |
| 0RT30ZZ | Resection of Cervical Vertebral Disc, Open Approach |
| 0RT40ZZ | Resection of Cervicothoracic Vertebral Joint, Open Approach |
| 0RT50ZZ | Resection of Cervicothoracic Vertebral Disc, Open Approach |
| 0RT90ZZ | Resection of Thoracic Vertebral Disc, Open Approach |
| 0RTB0ZZ | Resection of Thoracolumbar Vertebral Disc, Open Approach |
| 0RU307Z | Supplement Cervical Vertebral Disc with Autologous Tissue Substitute, Open Approach |
| 0RU907Z | Supplement Thoracic Vertebral Disc with Autologous Tissue Substitute, Open Approach |
| 0RW30JZ | Revision of Synthetic Substitute in Cervical Vertebral Disc, Open Approach |
| 0RW30JZ | Revision of Synthetic Substitute in Cervical Vertebral Disc, Open Approach |
| 0RW33JZ | Revision of Synthetic Substitute in Cervical Vertebral Disc, Percutaneous Approach |
| 0RW33JZ | Revision of Synthetic Substitute in Cervical Vertebral Disc, Percutaneous Approach |
| 0RW34JZ | Revision of Synthetic Substitute in Cervical Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RW34JZ | Revision of Synthetic Substitute in Cervical Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RW50JZ | Revision of Synthetic Substitute in Cervicothoracic Vertebral Disc, Open Approach |
| 0RW50JZ | Revision of Synthetic Substitute in Cervicothoracic Vertebral Disc, Open Approach |
| 0RW53JZ | Revision of Synthetic Substitute in Cervicothoracic Vertebral Disc, Percutaneous Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0RW53JZ | Revision of Synthetic Substitute in Cervicothoracic Vertebral Disc, Percutaneous Approach |
| 0RW54JZ | Revision of Synthetic Substitute in Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RW54JZ | Revision of Synthetic Substitute in Cervicothoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RW90JZ | Revision of Synthetic Substitute in Thoracic Vertebral Disc, Open Approach |
| 0RW90JZ | Revision of Synthetic Substitute in Thoracic Vertebral Disc, Open Approach |
| 0RW93JZ | Revision of Synthetic Substitute in Thoracic Vertebral Disc, Percutaneous Approach |
| 0RW93JZ | Revision of Synthetic Substitute in Thoracic Vertebral Disc, Percutaneous Approach |
| 0RW94JZ | Revision of Synthetic Substitute in Thoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RW94JZ | Revision of Synthetic Substitute in Thoracic Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RWB0JZ | Revision of Synthetic Substitute in Thoracolumbar Vertebral Disc, Open Approach |
| 0RWB0JZ | Revision of Synthetic Substitute in Thoracolumbar Vertebral Disc, Open Approach |
| 0RWB3JZ | Revision of Synthetic Substitute in Thoracolumbar Vertebral Disc, Percutaneous Approach |
| 0RWB3JZ | Revision of Synthetic Substitute in Thoracolumbar Vertebral Disc, Percutaneous Approach |
| 0RWB4JZ | Revision of Synthetic Substitute in Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0RWB4JZ | Revision of Synthetic Substitute in Thoracolumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0S520ZZ | Destruction of Lumbar Vertebral Disc, Open Approach |
| 0S523ZZ | Destruction of Lumbar Vertebral Disc, Percutaneous Approach |
| 0S524ZZ | Destruction of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0S540ZZ | Destruction of Lumbosacral Disc, Open Approach |
| 0S543ZZ | Destruction of Lumbosacral Disc, Percutaneous Approach |
| 0S544ZZ | Destruction of Lumbosacral Disc, Percutaneous Endoscopic Approach |
| 0SB00ZZ | Excision of Lumbar Vertebral Joint, Open Approach |
| 0SB03ZZ | Excision of Lumbar Vertebral Joint, Percutaneous Approach |
| 0SB04ZZ | Excision of Lumbar Vertebral Joint, Percutaneous Endoscopic Approach |
| 0SB20ZZ | Excision of Lumbar Vertebral Disc, Open Approach |
| 0SB23ZZ | Excision of Lumbar Vertebral Disc, Percutaneous Approach |
| 0SB24ZZ | Excision of Lumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0SB30ZZ | Excision of Lumbosacral Joint, Open Approach |
| 0SB33ZZ | Excision of Lumbosacral Joint, Percutaneous Approach |
| 0SB34ZZ | Excision of Lumbosacral Joint, Percutaneous Endoscopic Approach |
| 0SB40ZZ | Excision of Lumbosacral Disc, Open Approach |
| 0SB43ZZ | Excision of Lumbosacral Disc, Percutaneous Approach |
| 0SB44ZZ | Excision of Lumbosacral Disc, Percutaneous Endoscopic Approach |
| 0SB50ZZ | Excision of Sacrococcygeal Joint, Open Approach |
| 0SB53ZZ | Excision of Sacrococcygeal Joint, Percutaneous Approach |
| 0SB54ZZ | Excision of Sacrococcygeal Joint, Percutaneous Endoscopic Approach |
| 0SB60ZZ | Excision of Coccygeal Joint, Open Approach |
| 0SB63ZZ | Excision of Coccygeal Joint, Percutaneous Approach |
| 0SB64ZZ | Excision of Coccygeal Joint, Percutaneous Endoscopic Approach |
| 0SB70ZZ | Excision of Right Sacroiliac Joint, Open Approach |
| 0SB73ZZ | Excision of Right Sacroiliac Joint, Percutaneous Approach |
| 0SB74ZZ | Excision of Right Sacroiliac Joint, Percutaneous Endoscopic Approach |
| 0SB80ZZ | Excision of Left Sacroiliac Joint, Open Approach |
| 0SB83ZZ | Excision of Left Sacroiliac Joint, Percutaneous Approach |
| 0SB84ZZ | Excision of Left Sacroiliac Joint, Percutaneous Endoscopic Approach |
| 0SG0070 | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG0071 | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG007J | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG00A0 | Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0SG00AJ | Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0SG00J0 | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG00J1 | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG00JJ | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG00K0 | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG00K1 | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG00KJ | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG00Z0 | Fusion of Lumbar Vertebral Joint, Anterior Approach, Anterior Column, Open Approach |
| 0SG00Z1 | Fusion of Lumbar Vertebral Joint, Posterior Approach, Posterior Column, Open Approach |
| 0SG00ZJ | Fusion of Lumbar Vertebral Joint, Posterior Approach, Anterior Column, Open Approach |
| 0SG0370 | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG0371 | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG037J | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG03A0 | Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG03AJ | Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG03J0 | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG03J1 | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG03JJ | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG03K0 | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG03K1 | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG03KJ | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG0470 | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG0471 | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG047J | Fusion of Lumbar Vertebral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG04A0 | Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG04AJ | Fusion of Lumbar Vertebral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG04J0 | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG04J1 | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG04JJ | Fusion of Lumbar Vertebral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0SG04K0 | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG04K1 | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG04KJ | Fusion of Lumbar Vertebral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG1070 | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG1071 | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG107J | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG10A0 | Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0SG10AJ | Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0SG10J0 | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG10J1 | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG10JJ | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG10K0 | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG10K1 | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG10KJ | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG10Z0 | Fusion of 2 or more Lumbar Vertebral Joints, Anterior Approach, Anterior Column, Open Approach |
| 0SG1370 | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG1371 | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG137J | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG13A0 | Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG13AJ | Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG13J0 | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG13J1 | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG13JJ | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG13K0 | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG13K1 | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG13KJ | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG1470 | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG1471 | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approac |
| 0SG147J | Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG14A0 | Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG14AJ | Fusion of 2 or more Lumbar Vertebral Joints with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG14J0 | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG14J1 | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG14JJ | Fusion of 2 or more Lumbar Vertebral Joints with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG14K0 | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approa |
| 0SG14K1 | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG14KJ | Fusion of 2 or more Lumbar Vertebral Joints with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Appro |
| 0SG3070 | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG3071 | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG307J | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG30A0 | Fusion of Lumbosacral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Open Approach |
| 0SG30AJ | Fusion of Lumbosacral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Open Approach |
| 0SG30J0 | Fusion of Lumbosacral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG30J1 | Fusion of Lumbosacral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG30JJ | Fusion of Lumbosacral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG30K0 | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Open Approach |
| 0SG30K1 | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Open Approach |
| 0SG30KJ | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach |
| 0SG3370 | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG3371 | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG337J | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG33A0 | Fusion of Lumbosacral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG33AJ | Fusion of Lumbosacral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG33J0 | Fusion of Lumbosacral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG33J1 | Fusion of Lumbosacral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG33JJ | Fusion of Lumbosacral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG33K0 | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Approach |
| 0SG33K1 | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Approach |
| 0SG33KJ | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Approach |
| 0SG3470 | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG3471 | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG347J | Fusion of Lumbosacral Joint with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG34A0 | Fusion of Lumbosacral Joint with Interbody Fusion Device, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG34AJ | Fusion of Lumbosacral Joint with Interbody Fusion Device, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG34J0 | Fusion of Lumbosacral Joint with Synthetic Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG34J1 | Fusion of Lumbosacral Joint with Synthetic Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG34JJ | Fusion of Lumbosacral Joint with Synthetic Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG34K0 | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Anterior Approach, Anterior Column, Percutaneous Endoscopic Approach |
| 0SG34K1 | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Posterior Approach, Posterior Column, Percutaneous Endoscopic Approach |
| 0SG34KJ | Fusion of Lumbosacral Joint with Nonautologous Tissue Substitute, Posterior Approach, Anterior Column, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0SG504Z | Fusion of Sacrococcygeal Joint with Internal Fixation Device, Open Approach |
| 0SG507Z | Fusion of Sacrococcygeal Joint with Autologous Tissue Substitute, Open Approach |
| 0SG50JZ | Fusion of Sacrococcygeal Joint with Synthetic Substitute, Open Approach |
| 0SG50KZ | Fusion of Sacrococcygeal Joint with Nonautologous Tissue Substitute, Open Approach |
| 0SG534Z | Fusion of Sacrococcygeal Joint with Internal Fixation Device, Percutaneous Approach |
| 0SG537Z | Fusion of Sacrococcygeal Joint with Autologous Tissue Substitute, Percutaneous Approach |
| 0SG53JZ | Fusion of Sacrococcygeal Joint with Synthetic Substitute, Percutaneous Approach |
| 0SG53KZ | Fusion of Sacrococcygeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0SG544Z | Fusion of Sacrococcygeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0SG547Z | Fusion of Sacrococcygeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG54JZ | Fusion of Sacrococcygeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0SG54KZ | Fusion of Sacrococcygeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG604Z | Fusion of Coccygeal Joint with Internal Fixation Device, Open Approach |
| 0SG607Z | Fusion of Coccygeal Joint with Autologous Tissue Substitute, Open Approach |
| 0SG60JZ | Fusion of Coccygeal Joint with Synthetic Substitute, Open Approach |
| 0SG60KZ | Fusion of Coccygeal Joint with Nonautologous Tissue Substitute, Open Approach |
| 0SG634Z | Fusion of Coccygeal Joint with Internal Fixation Device, Percutaneous Approach |
| 0SG637Z | Fusion of Coccygeal Joint with Autologous Tissue Substitute, Percutaneous Approach |
| 0SG63JZ | Fusion of Coccygeal Joint with Synthetic Substitute, Percutaneous Approach |
| 0SG63KZ | Fusion of Coccygeal Joint with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0SG644Z | Fusion of Coccygeal Joint with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0SG647Z | Fusion of Coccygeal Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG64JZ | Fusion of Coccygeal Joint with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0SG64KZ | Fusion of Coccygeal Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG704Z | Fusion of Right Sacroiliac Joint with Internal Fixation Device, Open Approach |
| 0SG707Z | Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Open Approach |
| 0SG70JZ | Fusion of Right Sacroiliac Joint with Synthetic Substitute, Open Approach |
| 0SG70KZ | Fusion of Right Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach |
| 0SG734Z | Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach |
| 0SG737Z | Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach |
| 0SG73JZ | Fusion of Right Sacroiliac Joint with Synthetic Substitute, Percutaneous Approach |
| 0SG73KZ | Fusion of Right Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0SG744Z | Fusion of Right Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0SG747Z | Fusion of Right Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG74JZ | Fusion of Right Sacroiliac Joint with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0SG74KZ | Fusion of Right Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG804Z | Fusion of Left Sacroiliac Joint with Internal Fixation Device, Open Approach |
| 0SG807Z | Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Open Approach |
| 0SG80JZ | Fusion of Left Sacroiliac Joint with Synthetic Substitute, Open Approach |
| 0SG80KZ | Fusion of Left Sacroiliac Joint with Nonautologous Tissue Substitute, Open Approach |
| 0SG834Z | Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Approach |
| 0SG837Z | Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Approach |
| 0SG83JZ | Fusion of Left Sacroiliac Joint with Synthetic Substitute, Percutaneous Approach |
| 0SG83KZ | Fusion of Left Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0SG83ZZ | Fusion of Left Sacroiliac Joint, Percutaneous Approach |
| 0SG844Z | Fusion of Left Sacroiliac Joint with Internal Fixation Device, Percutaneous Endoscopic Approach |
| 0SG847Z | Fusion of Left Sacroiliac Joint with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SG84JZ | Fusion of Left Sacroiliac Joint with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0SG84KZ | Fusion of Left Sacroiliac Joint with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0SP20JZ | Removal of Synthetic Substitute from Lumbar Vertebral Disc, Open Approach |
| 0SP40JZ | Removal of Synthetic Substitute from Lumbosacral Disc, Open Approach |
| 0SP90JZ | Removal of Synthetic Substitute from Right Hip Joint, Open Approach |
| 0SPA0JZ | Removal of Synthetic Substitute from Right Hip Joint, Acetabular Surface, Open Approach |
| 0SPA0JZ | Removal of Synthetic Substitute from Right Hip Joint, Acetabular Surface, Open Approach |
| 0SPB0JZ | Removal of Synthetic Substitute from Left Hip Joint, Open Approach |
| 0SPE0JZ | Removal of Synthetic Substitute from Left Hip Joint, Acetabular Surface, Open Approach |
| 0SPE0JZ | Removal of Synthetic Substitute from Left Hip Joint, Acetabular Surface, Open Approach |
| 0SR20JZ | Replacement of Lumbar Vertebral Disc with Synthetic Substitute, Open Approach |
| 0SR20JZ | Replacement of Lumbar Vertebral Disc with Synthetic Substitute, Open Approach |
| 0SR40JZ | Replacement of Lumbosacral Disc with Synthetic Substitute, Open Approach |
| 0SR40JZ | Replacement of Lumbosacral Disc with Synthetic Substitute, Open Approach |
| 0SR9019 | Replacement of Right Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach |
| 0SR901A | Replacement of Right Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach |
| 0SR901Z | Replacement of Right Hip Joint with Metal Synthetic Substitute, Open Approach |
| 0SR9029 | Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach |
| 0SR902A | Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach |
| 0SR902Z | Replacement of Right Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach |
| 0SR9039 | Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach |
| 0SR903A | Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach |
| 0SR903Z | Replacement of Right Hip Joint with Ceramic Synthetic Substitute, Open Approach |
| 0SR9049 | Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach |
| 0SR904A | Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach |
| 0SR904Z | Replacement of Right Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach |
| 0SR907Z | Replacement of Right Hip Joint with Autologous Tissue Substitute, Open Approach |
| 0SR90EZ | Replacement of Right Hip Joint with Articulating Spacer, Open Approach |
| 0SR90J9 | Replacement of Right Hip Joint with Synthetic Substitute, Cemented, Open Approach |
| 0SR90JA | Replacement of Right Hip Joint with Synthetic Substitute, Uncemented, Open Approach |
| 0SR90JZ | Replacement of Right Hip Joint with Synthetic Substitute, Open Approach |
| 0SR90KZ | Replacement of Right Hip Joint with Nonautologous Tissue Substitute, Open Approach |
| 0SRA009 | Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Cemented, Open Approach |
| 0SRA00A | Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Uncemented, Open Approach |
| 0SRA00Z | Replacement of Right Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0SRA019 | Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Cemented, Open Approach |
| 0SRA01A | Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Uncemented, Open Approach |
| 0SRA01Z | Replacement of Right Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Open Approach |
| 0SRA039 | Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Cemented, Open Approach |
| 0SRA03A | Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach |
| 0SRA03Z | Replacement of Right Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Open Approach |
| 0SRA07Z | Replacement of Right Hip Joint, Acetabular Surface with Autologous Tissue Substitute, Open Approach |
| 0SRA0J9 | Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Cemented, Open Approach |
| 0SRA0JA | Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Uncemented, Open Approach |
| 0SRA0JZ | Replacement of Right Hip Joint, Acetabular Surface with Synthetic Substitute, Open Approach |
| 0SRA0KZ | Replacement of Right Hip Joint, Acetabular Surface with Nonautologous Tissue Substitute, Open Approach |
| 0SRB019 | Replacement of Left Hip Joint with Metal Synthetic Substitute, Cemented, Open Approach |
| 0SRB01A | Replacement of Left Hip Joint with Metal Synthetic Substitute, Uncemented, Open Approach |
| 0SRB01Z | Replacement of Left Hip Joint with Metal Synthetic Substitute, Open Approach |
| 0SRB029 | Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Cemented, Open Approach |
| 0SRB02A | Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Uncemented, Open Approach |
| 0SRB02Z | Replacement of Left Hip Joint with Metal on Polyethylene Synthetic Substitute, Open Approach |
| 0SRB039 | Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Cemented, Open Approach |
| 0SRB03A | Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Uncemented, Open Approach |
| 0SRB03Z | Replacement of Left Hip Joint with Ceramic Synthetic Substitute, Open Approach |
| 0SRB049 | Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Cemented, Open Approach |
| 0SRB04A | Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Uncemented, Open Approach |
| 0SRB04Z | Replacement of Left Hip Joint with Ceramic on Polyethylene Synthetic Substitute, Open Approach |
| 0SRB07Z | Replacement of Left Hip Joint with Autologous Tissue Substitute, Open Approach |
| 0SRB0EZ | Replacement of Left Hip Joint with Articulating Spacer, Open Approach |
| 0SRB0J9 | Replacement of Left Hip Joint with Synthetic Substitute, Cemented, Open Approach |
| 0SRB0JA | Replacement of Left Hip Joint with Synthetic Substitute, Uncemented, Open Approach |
| 0SRB0JZ | Replacement of Left Hip Joint with Synthetic Substitute, Open Approach |
| 0SRB0KZ | Replacement of Left Hip Joint with Nonautologous Tissue Substitute, Open Approach |
| 0SRE009 | Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Cemented, Open Approach |
| 0SRE00A | Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Uncemented, Open Approach |
| 0SRE00Z | Replacement of Left Hip Joint, Acetabular Surface with Polyethylene Synthetic Substitute, Open Approach |
| 0SRE019 | Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Cemented, Open Approach |
| 0SRE01A | Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Uncemented, Open Approach |
| 0SRE01Z | Replacement of Left Hip Joint, Acetabular Surface with Metal Synthetic Substitute, Open Approach |
| 0SRE039 | Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Cemented, Open Approach |
| 0SRE03A | Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach |
| 0SRE03Z | Replacement of Left Hip Joint, Acetabular Surface with Ceramic Synthetic Substitute, Open Approach |
| 0SRE07Z | Replacement of Left Hip Joint, Acetabular Surface with Autologous Tissue Substitute, Open Approach |
| 0SRE0J9 | Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Cemented, Open Approach |
| 0SRE0JA | Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Uncemented, Open Approach |
| 0SRE0JZ | Replacement of Left Hip Joint, Acetabular Surface with Synthetic Substitute, Open Approach |
| 0SRE0KZ | Replacement of Left Hip Joint, Acetabular Surface with Nonautologous Tissue Substitute, Open Approach |
| 0SRF0J9 | Replacement of Right Ankle Joint with Synthetic Substitute, Cemented, Open Approach |
| 0SRF0J9 | Replacement of Right Ankle Joint with Synthetic Substitute, Cemented, Open Approach |
| 0SRF0JA | Replacement of Right Ankle Joint with Synthetic Substitute, Uncemented, Open Approach |
| 0SRF0JZ | Replacement of Right Ankle Joint with Synthetic Substitute, Open Approach |
| 0SRF0JZ | Replacement of Right Ankle Joint with Synthetic Substitute, Open Approach |
| 0SRG0J9 | Replacement of Left Ankle Joint with Synthetic Substitute, Cemented, Open Approach |
| 0SRG0JA | Replacement of Left Ankle Joint with Synthetic Substitute, Uncemented, Open Approach |
| 0SRG0JZ | Replacement of Left Ankle Joint with Synthetic Substitute, Open Approach |
| 0SRR019 | Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach |
| 0SRR01A | Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach |
| 0SRR01Z | Replacement of Right Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach |
| 0SRR039 | Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach |
| 0SRR03A | Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach |
| 0SRR03Z | Replacement of Right Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach |
| 0SRR07Z | Replacement of Right Hip Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach |
| 0SRR0J9 | Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach |
| 0SRR0JA | Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach |
| 0SRR0JZ | Replacement of Right Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach |
| 0SRR0KZ | Replacement of Right Hip Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach |
| 0SRS019 | Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Cemented, Open Approach |
| 0SRS01A | Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Uncemented, Open Approach |
| 0SRS01Z | Replacement of Left Hip Joint, Femoral Surface with Metal Synthetic Substitute, Open Approach |
| 0SRS039 | Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Cemented, Open Approach |
| 0SRS03A | Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Uncemented, Open Approach |
| 0SRS03Z | Replacement of Left Hip Joint, Femoral Surface with Ceramic Synthetic Substitute, Open Approach |
| 0SRS07Z | Replacement of Left Hip Joint, Femoral Surface with Autologous Tissue Substitute, Open Approach |
| 0SRS0J9 | Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Cemented, Open Approach |
| 0SRS0JA | Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Uncemented, Open Approach |
| 0SRS0JZ | Replacement of Left Hip Joint, Femoral Surface with Synthetic Substitute, Open Approach |
| 0SRS0KZ | Replacement of Left Hip Joint, Femoral Surface with Nonautologous Tissue Substitute, Open Approach |
| 0ST20ZZ | Resection of Lumbar Vertebral Disc, Open Approach |
| 0ST40ZZ | Resection of Lumbosacral Disc, Open Approach |
| 0SU90BZ | Supplement Right Hip Joint with Resurfacing Device, Open Approach |
| 0SUA09Z | Supplement Right Hip Joint, Acetabular Surface with Liner, Open Approach |
| 0SUA0BZ | Supplement Right Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach |
| 0SUB09Z | Supplement Left Hip Joint with Liner, Open Approach |
| 0SUB0BZ | Supplement Left Hip Joint with Resurfacing Device, Open Approach |
| 0SUE09Z | Supplement Left Hip Joint, Acetabular Surface with Liner, Open Approach |
| 0SUE0BZ | Supplement Left Hip Joint, Acetabular Surface with Resurfacing Device, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0SUR09Z | Supplement Right Hip Joint, Femoral Surface with Liner, Open Approach |
| 0SUR0BZ | Supplement Right Hip Joint, Femoral Surface with Resurfacing Device, Open Approach |
| 0SUS09Z | Supplement Left Hip Joint, Femoral Surface with Liner, Open Approach |
| 0SUS0BZ | Supplement Left Hip Joint, Femoral Surface with Resurfacing Device, Open Approach |
| 0SW20JZ | Revision of Synthetic Substitute in Lumbar Vertebral Disc, Open Approach |
| 0SW23JZ | Revision of Synthetic Substitute in Lumbar Vertebral Disc, Percutaneous Approach |
| 0SW24JZ | Revision of Synthetic Substitute in Lumbar Vertebral Disc, Percutaneous Endoscopic Approach |
| 0SW40JZ | Revision of Synthetic Substitute in Lumbosacral Disc, Open Approach |
| 0SW43JZ | Revision of Synthetic Substitute in Lumbosacral Disc, Percutaneous Approach |
| 0SW44JZ | Revision of Synthetic Substitute in Lumbosacral Disc, Percutaneous Endoscopic Approach |
| 0SWA0JZ | Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Open Approach |
| 0SWA3JZ | Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Percutaneous Approach |
| 0SWA4JZ | Revision of Synthetic Substitute in Right Hip Joint, Acetabular Surface, Percutaneous Endoscopic Approach |
| 0SWE0JZ | Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Open Approach |
| 0SWE3JZ | Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Percutaneous Approach |
| 0SWE4JZ | Revision of Synthetic Substitute in Left Hip Joint, Acetabular Surface, Percutaneous Endoscopic Approach |
| 0SWF0JZ | Revision of Synthetic Substitute in Right Ankle Joint, Open Approach |
| 0SWG0JZ | Revision of Synthetic Substitute in Left Ankle Joint, Open Approach |
| 0SWR0JZ | Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Open Approach |
| 0SWR3JZ | Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Percutaneous Approach |
| 0SWR4JZ | Revision of Synthetic Substitute in Right Hip Joint, Femoral Surface, Percutaneous Endoscopic Approach |
| 0SWS0JZ | Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Open Approach |
| 0SWS3JZ | Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Percutaneous Approach |
| 0SWS4JZ | Revision of Synthetic Substitute in Left Hip Joint, Femoral Surface, Percutaneous Endoscopic Approach |
| 0T160Z8 | Bypass Right Ureter to Colon, Open Approach |
| 0T160Z9 | Bypass Right Ureter to Colocutaneous, Open Approach |
| 0T160Z9 | Bypass Right Ureter to Colocutaneous, Open Approach |
| 0T160ZD | Bypass Right Ureter to Cutaneous, Open Approach |
| 0T170Z8 | Bypass Left Ureter to Colon, Open Approach |
| 0T170Z9 | Bypass Left Ureter to Colocutaneous, Open Approach |
| 0T170Z9 | Bypass Left Ureter to Colocutaneous, Open Approach |
| 0T170ZD | Bypass Left Ureter to Cutaneous, Open Approach |
| 0T180Z8 | Bypass Bilateral Ureters to Colon, Open Approach |
| 0T180ZD | Bypass Bilateral Ureters to Cutaneous, Open Approach |
| 0TSC0ZZ | Reposition Bladder Neck, Open Approach |
| 0TSC4ZZ | Reposition Bladder Neck, Percutaneous Endoscopic Approach |
| 0TSD0ZZ | Reposition Urethra, Open Approach |
| 0TSD0ZZ | Reposition Urethra, Open Approach |
| 0TSD4ZZ | Reposition Urethra, Percutaneous Endoscopic Approach |
| 0TTB0ZZ | Resection of Bladder, Open Approach |
| 0TTB0ZZ | Resection of Bladder, Open Approach |
| 0TTB0ZZ | Resection of Bladder, Open Approach |
| 0TTD0ZZ | Resection of Urethra, Open Approach |
| 0U508ZZ | Destruction of Right Ovary, Via Natural or Artificial Opening Endoscopic |
| 0U518ZZ | Destruction of Left Ovary, Via Natural or Artificial Opening Endoscopic |
| 0U528ZZ | Destruction of Bilateral Ovaries, Via Natural or Artificial Opening Endoscopic |
| 0U548ZZ | Destruction of Uterine Supporting Structure, Via Natural or Artificial Opening Endoscopic |
| 0U590ZZ | Destruction of Uterus, Open Approach |
| 0U593ZZ | Destruction of Uterus, Percutaneous Approach |
| 0U594ZZ | Destruction of Uterus, Percutaneous Endoscopic Approach |
| 0U597ZZ | Destruction of Uterus, Via Natural or Artificial Opening |
| 0U598ZZ | Destruction of Uterus, Via Natural or Artificial Opening Endoscopic |
| 0U5G0ZZ | Destruction of Vagina, Open Approach |
| 0U5G3ZZ | Destruction of Vagina, Percutaneous Approach |
| 0U5G4ZZ | Destruction of Vagina, Percutaneous Endoscopic Approach |
| 0U5G7ZZ | Destruction of Vagina, Via Natural or Artificial Opening |
| 0U5G8ZZ | Destruction of Vagina, Via Natural or Artificial Opening Endoscopic |
| 0U5GXZZ | Destruction of Vagina, External Approach |
| 0U5J0ZZ | Destruction of Clitoris, Open Approach |
| 0U5JXZZ | Destruction of Clitoris, External Approach |
| 0U5K0ZZ | Destruction of Hymen, Open Approach |
| 0U5K3ZZ | Destruction of Hymen, Percutaneous Approach |
| 0U5K4ZZ | Destruction of Hymen, Percutaneous Endoscopic Approach |
| 0U5K7ZZ | Destruction of Hymen, Via Natural or Artificial Opening |
| 0U5K8ZZ | Destruction of Hymen, Via Natural or Artificial Opening Endoscopic |
| 0U5KXZZ | Destruction of Hymen, External Approach |
| 0U5M0ZZ | Destruction of Vulva, Open Approach |
| 0U5MXZZ | Destruction of Vulva, External Approach |
| 0UB90ZZ | Excision of Uterus, Open Approach |
| 0UBC0ZZ | Excision of Cervix, Open Approach |
| 0UBG0ZZ | Excision of Vagina, Open Approach |
| 0UBG7ZZ | Excision of Vagina, Via Natural or Artificial Opening |
| 0UQ48ZZ | Repair Uterine Supporting Structure, Via Natural or Artificial Opening Endoscopic |
| 0UQF7ZZ | Repair Cul-de-sac, Via Natural or Artificial Opening |
| 0UQG7ZZ | Repair Vagina, Via Natural or Artificial Opening |
| 0UT00ZZ | Resection of Right Ovary, Open Approach |
| 0UT04ZZ | Resection of Right Ovary, Percutaneous Endoscopic Approach |
| 0UT07ZZ | Resection of Right Ovary, Via Natural or Artificial Opening |
| 0UT10ZZ | Resection of Left Ovary, Open Approach |
| 0UT14ZZ | Resection of Left Ovary, Percutaneous Endoscopic Approach |
| 0UT17ZZ | Resection of Left Ovary, Via Natural or Artificial Opening |
| 0UT20ZZ | Resection of Bilateral Ovaries, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0UT20ZZ | Resection of Bilateral Ovaries, Open Approach |
| 0UT24ZZ | Resection of Bilateral Ovaries, Percutaneous Endoscopic Approach |
| 0UT27ZZ | Resection of Bilateral Ovaries, Via Natural or Artificial Opening |
| 0UT40ZZ | Resection of Uterine Supporting Structure, Open Approach |
| 0UT44ZZ | Resection of Uterine Supporting Structure, Percutaneous Endoscopic Approach |
| 0UT44ZZ | Resection of Uterine Supporting Structure, Percutaneous Endoscopic Approach |
| 0UT47ZZ | Resection of Uterine Supporting Structure, Via Natural or Artificial Opening |
| 0UT48ZZ | Resection of Uterine Supporting Structure, Via Natural or Artificial Opening Endoscopic |
| 0UT50ZZ | Resection of Right Fallopian Tube, Open Approach |
| 0UT54ZZ | Resection of Right Fallopian Tube, Percutaneous Endoscopic Approach |
| 0UT57ZZ | Resection of Right Fallopian Tube, Via Natural or Artificial Opening |
| 0UT60ZZ | Resection of Left Fallopian Tube, Open Approach |
| 0UT64ZZ | Resection of Left Fallopian Tube, Percutaneous Endoscopic Approach |
| 0UT67ZZ | Resection of Left Fallopian Tube, Via Natural or Artificial Opening |
| 0UT70ZZ | Resection of Bilateral Fallopian Tubes, Open Approach |
| 0UT70ZZ | Resection of Bilateral Fallopian Tubes, Open Approach |
| 0UT74ZZ | Resection of Bilateral Fallopian Tubes, Percutaneous Endoscopic Approach |
| 0UT77ZZ | Resection of Bilateral Fallopian Tubes, Via Natural or Artificial Opening |
| 0UT90ZL | Resection of Uterus, Supracervical, Open Approach |
| 0UT90ZZ | Resection of Uterus, Open Approach |
| 0UT90ZZ | Resection of Uterus, Open Approach |
| 0UT90ZZ | Resection of Uterus, Open Approach |
| 0UT94ZL | Resection of Uterus, Supracervical, Percutaneous Endoscopic Approach |
| 0UT94ZL | Resection of Uterus, Supracervical, Percutaneous Endoscopic Approach |
| 0UT94ZZ | Resection of Uterus, Percutaneous Endoscopic Approach |
| 0UT94ZZ | Resection of Uterus, Percutaneous Endoscopic Approach |
| 0UT94ZZ | Resection of Uterus, Percutaneous Endoscopic Approach |
| 0UT97ZL | Resection of Uterus, Supracervical, Via Natural or Artificial Opening |
| 0UT97ZZ | Resection of Uterus, Via Natural or Artificial Opening |
| 0UT97ZZ | Resection of Uterus, Via Natural or Artificial Opening |
| 0UT97ZZ | Resection of Uterus, Via Natural or Artificial Opening |
| 0UT97ZZ | Resection of Uterus, Via Natural or Artificial Opening |
| 0UT98ZL | Resection of Uterus, Supracervical, Via Natural or Artificial Opening Endoscopic |
| 0UT98ZZ | Resection of Uterus, Via Natural or Artificial Opening Endoscopic |
| 0UT9FZZ | Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance |
| 0UT9FZZ | Resection of Uterus, Via Natural or Artificial Opening With Percutaneous Endoscopic Assistance |
| 0UTC0ZZ | Resection of Cervix, Open Approach |
| 0UTC0ZZ | Resection of Cervix, Open Approach |
| 0UTC0ZZ | Resection of Cervix, Open Approach |
| 0UTC0ZZ | Resection of Cervix, Open Approach |
| 0UTC4ZZ | Resection of Cervix, Percutaneous Endoscopic Approach |
| 0UTC4ZZ | Resection of Cervix, Percutaneous Endoscopic Approach |
| 0UTC7ZZ | Resection of Cervix, Via Natural or Artificial Opening |
| 0UTC7ZZ | Resection of Cervix, Via Natural or Artificial Opening |
| 0UTC7ZZ | Resection of Cervix, Via Natural or Artificial Opening |
| 0UTC7ZZ | Resection of Cervix, Via Natural or Artificial Opening |
| 0UTC8ZZ | Resection of Cervix, Via Natural or Artificial Opening Endoscopic |
| 0UTG0ZZ | Resection of Vagina, Open Approach |
| 0UTG0ZZ | Resection of Vagina, Open Approach |
| 0UTG7ZZ | Resection of Vagina, Via Natural or Artificial Opening |
| 0V5F8ZZ | Destruction of Right Spermatic Cord, Via Natural or Artificial Opening Endoscopic |
| 0V5G8ZZ | Destruction of Left Spermatic Cord, Via Natural or Artificial Opening Endoscopic |
| 0V5H8ZZ | Destruction of Bilateral Spermatic Cords, Via Natural or Artificial Opening Endoscopic |
| 0V5J8ZZ | Destruction of Right Epididymis, Via Natural or Artificial Opening Endoscopic |
| 0V5K8ZZ | Destruction of Left Epididymis, Via Natural or Artificial Opening Endoscopic |
| 0V5L8ZZ | Destruction of Bilateral Epididymis, Via Natural or Artificial Opening Endoscopic |
| 0V5N8ZZ | Destruction of Right Vas Deferens, Via Natural or Artificial Opening Endoscopic |
| 0V5P8ZZ | Destruction of Left Vas Deferens, Via Natural or Artificial Opening Endoscopic |
| 0V5Q8ZZ | Destruction of Bilateral Vas Deferens, Via Natural or Artificial Opening Endoscopic |
| 0W000ZZ | Alteration of Head, Open Approach |
| 0W000ZZ | Alteration of Head, Open Approach |
| 0W020ZZ | Alteration of Face, Open Approach |
| 0W020ZZ | Alteration of Face, Open Approach |
| 0W040ZZ | Alteration of Upper Jaw, Open Approach |
| 0W040ZZ | Alteration of Upper Jaw, Open Approach |
| 0W050ZZ | Alteration of Lower Jaw, Open Approach |
| 0W050ZZ | Alteration of Lower Jaw, Open Approach |
| 0W080ZZ | Alteration of Chest Wall, Open Approach |
| 0W080ZZ | Alteration of Chest Wall, Open Approach |
| 0W0F0ZZ | Alteration of Abdominal Wall, Open Approach |
| 0W0F0ZZ | Alteration of Abdominal Wall, Open Approach |
| 0W0K0ZZ | Alteration of Upper Back, Open Approach |
| 0W0K0ZZ | Alteration of Upper Back, Open Approach |
| 0W0L0ZZ | Alteration of Lower Back, Open Approach |
| 0W0L0ZZ | Alteration of Lower Back, Open Approach |
| 0W0M0ZZ | Alteration of Male Perineum, Open Approach |
| 0W0M0ZZ | Alteration of Male Perineum, Open Approach |
| 0W0N0ZZ | Alteration of Female Perineum, Open Approach |
| 0W0N0ZZ | Alteration of Female Perineum, Open Approach |
| 0W1J0JW | Bypass Pelvic Cavity to Upper Vein with Synthetic Substitute, Open Approach |
| 0W1J3J9 | Bypass Pelvic Cavity to Right Pleural Cavity with Synthetic Substitute, Percutaneous Approach |
| 0W1J3JB | Bypass Pelvic Cavity to Left Pleural Cavity with Synthetic Substitute, Percutaneous Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 0W1J3JG | Bypass Pelvic Cavity to Peritoneal Cavity with Synthetic Substitute, Percutaneous Approach |
| 0W1J3JJ | Bypass Pelvic Cavity to Pelvic Cavity with Synthetic Substitute, Percutaneous Approach |
| 0W1J3JW | Bypass Pelvic Cavity to Upper Vein with Synthetic Substitute, Percutaneous Approach |
| 0W1J3JY | Bypass Pelvic Cavity to Lower Vein with Synthetic Substitute, Percutaneous Approach |
| 0W1J4JW | Bypass Pelvic Cavity to Upper Vein with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0W2GXYZ | Change Other Device in Peritoneal Cavity, External Approach |
| 0W9G0ZZ | Drainage of Peritoneal Cavity, Open Approach |
| 0WBFXZ2 | Excision of Abdominal Wall, Stoma, External Approach |
| 0WBFXZ2 | Excision of Abdominal Wall, Stoma, External Approach |
| 0WC4 | Extirpation / Upper Jaw |
| 0WC40ZZ | Extirpation of Matter from Upper Jaw, Open Approach |
| 0WC43ZZ | Extirpation of Matter from Upper Jaw, Percutaneous Approach |
| 0WC44ZZ | Extirpation of Matter from Upper Jaw, Percutaneous Endoscopic Approach |
| 0WC5 | Extirpation / Lower Jaw |
| 0WC50ZZ | Extirpation of Matter from Lower Jaw, Open Approach |
| 0WC53ZZ | Extirpation of Matter from Lower Jaw, Percutaneous Approach |
| 0WC54ZZ | Extirpation of Matter from Lower Jaw, Percutaneous Endoscopic Approach |
| 0WQF0ZZ | Repair Abdominal Wall, Open Approach |
| 0WQFXZ2 | Repair Abdominal Wall, Stoma, External Approach |
| 0WQFXZ2 | Repair Abdominal Wall, Stoma, External Approach |
| 0WQFXZ2 | Repair Abdominal Wall, Stoma, External Approach |
| 0WUM0JZ | Supplement Male Perineum with Synthetic Substitute, Open Approach |
| 0WUM0KZ | Supplement Male Perineum with Nonautologous Tissue Substitute, Open Approach |
| 0WUN0JZ | Supplement Female Perineum with Synthetic Substitute, Open Approach |
| 0WUN0KZ | Supplement Female Perineum with Nonautologous Tissue Substitute, Open Approach |
| 0WY20Z0 | Transplantation of Face, Allogeneic, Open Approach |
| 0X0207Z | Alteration of Right Shoulder Region with Autologous Tissue Substitute, Open Approach |
| 0X020JZ | Alteration of Right Shoulder Region with Synthetic Substitute, Open Approach |
| 0X020KZ | Alteration of Right Shoulder Region with Nonautologous Tissue Substitute, Open Approach |
| 0X020ZZ | Alteration of Right Shoulder Region, Open Approach |
| 0X020ZZ | Alteration of Right Shoulder Region, Open Approach |
| 0X0237Z | Alteration of Right Shoulder Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0X023JZ | Alteration of Right Shoulder Region with Synthetic Substitute, Percutaneous Approach |
| 0X023KZ | Alteration of Right Shoulder Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X023ZZ | Alteration of Right Shoulder Region, Percutaneous Approach |
| 0X0247Z | Alteration of Right Shoulder Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X024JZ | Alteration of Right Shoulder Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X024KZ | Alteration of Right Shoulder Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X024ZZ | Alteration of Right Shoulder Region, Percutaneous Endoscopic Approach |
| 0X0307Z | Alteration of Left Shoulder Region with Autologous Tissue Substitute, Open Approach |
| 0X030JZ | Alteration of Left Shoulder Region with Synthetic Substitute, Open Approach |
| 0X030KZ | Alteration of Left Shoulder Region with Nonautologous Tissue Substitute, Open Approach |
| 0X030ZZ | Alteration of Left Shoulder Region, Open Approach |
| 0X030ZZ | Alteration of Left Shoulder Region, Open Approach |
| 0X0337Z | Alteration of Left Shoulder Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0X033JZ | Alteration of Left Shoulder Region with Synthetic Substitute, Percutaneous Approach |
| 0X033KZ | Alteration of Left Shoulder Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X033ZZ | Alteration of Left Shoulder Region, Percutaneous Approach |
| 0X0347Z | Alteration of Left Shoulder Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X034JZ | Alteration of Left Shoulder Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X034KZ | Alteration of Left Shoulder Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X034ZZ | Alteration of Left Shoulder Region, Percutaneous Endoscopic Approach |
| 0X0407Z | Alteration of Right Axilla with Autologous Tissue Substitute, Open Approach |
| 0X040JZ | Alteration of Right Axilla with Synthetic Substitute, Open Approach |
| 0X040KZ | Alteration of Right Axilla with Nonautologous Tissue Substitute, Open Approach |
| 0X040ZZ | Alteration of Right Axilla, Open Approach |
| 0X040ZZ | Alteration of Right Axilla, Open Approach |
| 0X0437Z | Alteration of Right Axilla with Autologous Tissue Substitute, Percutaneous Approach |
| 0X043JZ | Alteration of Right Axilla with Synthetic Substitute, Percutaneous Approach |
| 0X043KZ | Alteration of Right Axilla with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X043ZZ | Alteration of Right Axilla, Percutaneous Approach |
| 0X0447Z | Alteration of Right Axilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X044JZ | Alteration of Right Axilla with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X044KZ | Alteration of Right Axilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X044ZZ | Alteration of Right Axilla, Percutaneous Endoscopic Approach |
| 0X0507Z | Alteration of Left Axilla with Autologous Tissue Substitute, Open Approach |
| 0X050JZ | Alteration of Left Axilla with Synthetic Substitute, Open Approach |
| 0X050KZ | Alteration of Left Axilla with Nonautologous Tissue Substitute, Open Approach |
| 0X050ZZ | Alteration of Left Axilla, Open Approach |
| 0X050ZZ | Alteration of Left Axilla, Open Approach |
| 0X0537Z | Alteration of Left Axilla with Autologous Tissue Substitute, Percutaneous Approach |
| 0X053JZ | Alteration of Left Axilla with Synthetic Substitute, Percutaneous Approach |
| 0X053KZ | Alteration of Left Axilla with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X053ZZ | Alteration of Left Axilla, Percutaneous Approach |
| 0X0547Z | Alteration of Left Axilla with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X054JZ | Alteration of Left Axilla with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X054KZ | Alteration of Left Axilla with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X054ZZ | Alteration of Left Axilla, Percutaneous Endoscopic Approach |
| 0X0607Z | Alteration of Right Upper Extremity with Autologous Tissue Substitute, Open Approach |
| 0X060JZ | Alteration of Right Upper Extremity with Synthetic Substitute, Open Approach |
| 0X060KZ | Alteration of Right Upper Extremity with Nonautologous Tissue Substitute, Open Approach |
| 0X060ZZ | Alteration of Right Upper Extremity, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0X060ZZ | Alteration of Right Upper Extremity, Open Approach |
| 0X0637Z | Alteration of Right Upper Extremity with Autologous Tissue Substitute, Percutaneous Approach |
| 0X063JZ | Alteration of Right Upper Extremity with Synthetic Substitute, Percutaneous Approach |
| 0X063KZ | Alteration of Right Upper Extremity with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X063ZZ | Alteration of Right Upper Extremity, Percutaneous Approach |
| 0X0647Z | Alteration of Right Upper Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X064JZ | Alteration of Right Upper Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X064KZ | Alteration of Right Upper Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X064ZZ | Alteration of Right Upper Extremity, Percutaneous Endoscopic Approach |
| 0X0707Z | Alteration of Left Upper Extremity with Autologous Tissue Substitute, Open Approach |
| 0X070JZ | Alteration of Left Upper Extremity with Synthetic Substitute, Open Approach |
| 0X070KZ | Alteration of Left Upper Extremity with Nonautologous Tissue Substitute, Open Approach |
| 0X070ZZ | Alteration of Left Upper Extremity, Open Approach |
| 0X070ZZ | Alteration of Left Upper Extremity, Open Approach |
| 0X0737Z | Alteration of Left Upper Extremity with Autologous Tissue Substitute, Percutaneous Approach |
| 0X073JZ | Alteration of Left Upper Extremity with Synthetic Substitute, Percutaneous Approach |
| 0X073KZ | Alteration of Left Upper Extremity with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X073ZZ | Alteration of Left Upper Extremity, Percutaneous Approach |
| 0X0747Z | Alteration of Left Upper Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X074JZ | Alteration of Left Upper Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X074KZ | Alteration of Left Upper Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X074ZZ | Alteration of Left Upper Extremity, Percutaneous Endoscopic Approach |
| 0X0807Z | Alteration of Right Upper Arm with Autologous Tissue Substitute, Open Approach |
| 0X080JZ | Alteration of Right Upper Arm with Synthetic Substitute, Open Approach |
| 0X080KZ | Alteration of Right Upper Arm with Nonautologous Tissue Substitute, Open Approach |
| 0X080ZZ | Alteration of Right Upper Arm, Open Approach |
| 0X080ZZ | Alteration of Right Upper Arm, Open Approach |
| 0X0837Z | Alteration of Right Upper Arm with Autologous Tissue Substitute, Percutaneous Approach |
| 0X083JZ | Alteration of Right Upper Arm with Synthetic Substitute, Percutaneous Approach |
| 0X083KZ | Alteration of Right Upper Arm with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X083ZZ | Alteration of Right Upper Arm, Percutaneous Approach |
| 0X0847Z | Alteration of Right Upper Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X084JZ | Alteration of Right Upper Arm with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X084KZ | Alteration of Right Upper Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X084ZZ | Alteration of Right Upper Arm, Percutaneous Endoscopic Approach |
| 0X0907Z | Alteration of Left Upper Arm with Autologous Tissue Substitute, Open Approach |
| 0X090JZ | Alteration of Left Upper Arm with Synthetic Substitute, Open Approach |
| 0X090KZ | Alteration of Left Upper Arm with Nonautologous Tissue Substitute, Open Approach |
| 0X090ZZ | Alteration of Left Upper Arm, Open Approach |
| 0X090ZZ | Alteration of Left Upper Arm, Open Approach |
| 0X0937Z | Alteration of Left Upper Arm with Autologous Tissue Substitute, Percutaneous Approach |
| 0X093JZ | Alteration of Left Upper Arm with Synthetic Substitute, Percutaneous Approach |
| 0X093KZ | Alteration of Left Upper Arm with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X093ZZ | Alteration of Left Upper Arm, Percutaneous Approach |
| 0X0947Z | Alteration of Left Upper Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X094JZ | Alteration of Left Upper Arm with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X094KZ | Alteration of Left Upper Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X094ZZ | Alteration of Left Upper Arm, Percutaneous Endoscopic Approach |
| 0X0B07Z | Alteration of Right Elbow Region with Autologous Tissue Substitute, Open Approach |
| 0X0B0JZ | Alteration of Right Elbow Region with Synthetic Substitute, Open Approach |
| 0X0B0KZ | Alteration of Right Elbow Region with Nonautologous Tissue Substitute, Open Approach |
| 0X0B0ZZ | Alteration of Right Elbow Region, Open Approach |
| 0X0B0ZZ | Alteration of Right Elbow Region, Open Approach |
| 0X0B37Z | Alteration of Right Elbow Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0X0B3JZ | Alteration of Right Elbow Region with Synthetic Substitute, Percutaneous Approach |
| 0X0B3KZ | Alteration of Right Elbow Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X0B3ZZ | Alteration of Right Elbow Region, Percutaneous Approach |
| 0X0B47Z | Alteration of Right Elbow Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0B4JZ | Alteration of Right Elbow Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X0B4KZ | Alteration of Right Elbow Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0B4ZZ | Alteration of Right Elbow Region, Percutaneous Endoscopic Approach |
| 0X0C07Z | Alteration of Left Elbow Region with Autologous Tissue Substitute, Open Approach |
| 0X0C0JZ | Alteration of Left Elbow Region with Synthetic Substitute, Open Approach |
| 0X0C0KZ | Alteration of Left Elbow Region with Nonautologous Tissue Substitute, Open Approach |
| 0X0C0ZZ | Alteration of Left Elbow Region, Open Approach |
| 0X0C0ZZ | Alteration of Left Elbow Region, Open Approach |
| 0X0C37Z | Alteration of Left Elbow Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0X0C3JZ | Alteration of Left Elbow Region with Synthetic Substitute, Percutaneous Approach |
| 0X0C3KZ | Alteration of Left Elbow Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X0C3ZZ | Alteration of Left Elbow Region, Percutaneous Approach |
| 0X0C47Z | Alteration of Left Elbow Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0C4JZ | Alteration of Left Elbow Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X0C4KZ | Alteration of Left Elbow Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0C4ZZ | Alteration of Left Elbow Region, Percutaneous Endoscopic Approach |
| 0X0D07Z | Alteration of Right Lower Arm with Autologous Tissue Substitute, Open Approach |
| 0X0D0JZ | Alteration of Right Lower Arm with Synthetic Substitute, Open Approach |
| 0X0D0KZ | Alteration of Right Lower Arm with Nonautologous Tissue Substitute, Open Approach |
| 0X0D0ZZ | Alteration of Right Lower Arm, Open Approach |
| 0X0D0ZZ | Alteration of Right Lower Arm, Open Approach |
| 0X0D37Z | Alteration of Right Lower Arm with Autologous Tissue Substitute, Percutaneous Approach |
| 0X0D3JZ | Alteration of Right Lower Arm with Synthetic Substitute, Percutaneous Approach |
| 0X0D3KZ | Alteration of Right Lower Arm with Nonautologous Tissue Substitute, Percutaneous Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0X0D3ZZ | Alteration of Right Lower Arm, Percutaneous Approach |
| 0X0D47Z | Alteration of Right Lower Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0D4JZ | Alteration of Right Lower Arm with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X0D4KZ | Alteration of Right Lower Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0D4ZZ | Alteration of Right Lower Arm, Percutaneous Endoscopic Approach |
| 0X0F07Z | Alteration of Left Lower Arm with Autologous Tissue Substitute, Open Approach |
| 0X0F0JZ | Alteration of Left Lower Arm with Synthetic Substitute, Open Approach |
| 0X0F0KZ | Alteration of Left Lower Arm with Nonautologous Tissue Substitute, Open Approach |
| 0X0F0ZZ | Alteration of Left Lower Arm, Open Approach |
| 0X0F0ZZ | Alteration of Left Lower Arm, Open Approach |
| 0X0F37Z | Alteration of Left Lower Arm with Autologous Tissue Substitute, Percutaneous Approach |
| 0X0F3JZ | Alteration of Left Lower Arm with Synthetic Substitute, Percutaneous Approach |
| 0X0F3KZ | Alteration of Left Lower Arm with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X0F3ZZ | Alteration of Left Lower Arm, Percutaneous Approach |
| 0X0F47Z | Alteration of Left Lower Arm with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0F4JZ | Alteration of Left Lower Arm with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X0F4KZ | Alteration of Left Lower Arm with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0F4ZZ | Alteration of Left Lower Arm, Percutaneous Endoscopic Approach |
| 0X0G07Z | Alteration of Right Wrist Region with Autologous Tissue Substitute, Open Approach |
| 0X0G0JZ | Alteration of Right Wrist Region with Synthetic Substitute, Open Approach |
| 0X0G0KZ | Alteration of Right Wrist Region with Nonautologous Tissue Substitute, Open Approach |
| 0X0G0ZZ | Alteration of Right Wrist Region, Open Approach |
| 0X0G37Z | Alteration of Right Wrist Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0X0G3JZ | Alteration of Right Wrist Region with Synthetic Substitute, Percutaneous Approach |
| 0X0G3KZ | Alteration of Right Wrist Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X0G3ZZ | Alteration of Right Wrist Region, Percutaneous Approach |
| 0X0G47Z | Alteration of Right Wrist Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0G4JZ | Alteration of Right Wrist Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X0G4KZ | Alteration of Right Wrist Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0G4ZZ | Alteration of Right Wrist Region, Percutaneous Endoscopic Approach |
| 0X0H07Z | Alteration of Left Wrist Region with Autologous Tissue Substitute, Open Approach |
| 0X0H0JZ | Alteration of Left Wrist Region with Synthetic Substitute, Open Approach |
| 0X0H0KZ | Alteration of Left Wrist Region with Nonautologous Tissue Substitute, Open Approach |
| 0X0H0ZZ | Alteration of Left Wrist Region, Open Approach |
| 0X0H0ZZ | Alteration of Left Wrist Region, Open Approach |
| 0X0H37Z | Alteration of Left Wrist Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0X0H3JZ | Alteration of Left Wrist Region with Synthetic Substitute, Percutaneous Approach |
| 0X0H3KZ | Alteration of Left Wrist Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0X0H3ZZ | Alteration of Left Wrist Region, Percutaneous Approach |
| 0X0H47Z | Alteration of Left Wrist Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0H4JZ | Alteration of Left Wrist Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0X0H4KZ | Alteration of Left Wrist Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0X0H4ZZ | Alteration of Left Wrist Region, Percutaneous Endoscopic Approach |
| 0XYJ0Z0 | Transplantation of Right Hand, Allogeneic, Open Approach |
| 0XYK0Z0 | Transplantation of Left Hand, Allogeneic, Open Approach |
| 0Y0007Z | Alteration of Right Buttock with Autologous Tissue Substitute, Open Approach |
| 0Y000JZ | Alteration of Right Buttock with Synthetic Substitute, Open Approach |
| 0Y000KZ | Alteration of Right Buttock with Nonautologous Tissue Substitute, Open Approach |
| 0Y000ZZ | Alteration of Right Buttock, Open Approach |
| 0Y000ZZ | Alteration of Right Buttock, Open Approach |
| 0Y0037Z | Alteration of Right Buttock with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y003JZ | Alteration of Right Buttock with Synthetic Substitute, Percutaneous Approach |
| 0Y003KZ | Alteration of Right Buttock with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y003ZZ | Alteration of Right Buttock, Percutaneous Approach |
| 0Y0047Z | Alteration of Right Buttock with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y004JZ | Alteration of Right Buttock with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y004KZ | Alteration of Right Buttock with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y004ZZ | Alteration of Right Buttock, Percutaneous Endoscopic Approach |
| 0Y0107Z | Alteration of Left Buttock with Autologous Tissue Substitute, Open Approach |
| 0Y010JZ | Alteration of Left Buttock with Synthetic Substitute, Open Approach |
| 0Y010KZ | Alteration of Left Buttock with Nonautologous Tissue Substitute, Open Approach |
| 0Y010ZZ | Alteration of Left Buttock, Open Approach |
| 0Y010ZZ | Alteration of Left Buttock, Open Approach |
| 0Y0137Z | Alteration of Left Buttock with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y013JZ | Alteration of Left Buttock with Synthetic Substitute, Percutaneous Approach |
| 0Y013KZ | Alteration of Left Buttock with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y013ZZ | Alteration of Left Buttock, Percutaneous Approach |
| 0Y0147Z | Alteration of Left Buttock with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y014JZ | Alteration of Left Buttock with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y014KZ | Alteration of Left Buttock with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y014ZZ | Alteration of Left Buttock, Percutaneous Endoscopic Approach |
| 0Y0907Z | Alteration of Right Lower Extremity with Autologous Tissue Substitute, Open Approach |
| 0Y090JZ | Alteration of Right Lower Extremity with Synthetic Substitute, Open Approach |
| 0Y090KZ | Alteration of Right Lower Extremity with Nonautologous Tissue Substitute, Open Approach |
| 0Y090ZZ | Alteration of Right Lower Extremity, Open Approach |
| 0Y090ZZ | Alteration of Right Lower Extremity, Open Approach |
| 0Y0937Z | Alteration of Right Lower Extremity with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y093JZ | Alteration of Right Lower Extremity with Synthetic Substitute, Percutaneous Approach |
| 0Y093KZ | Alteration of Right Lower Extremity with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y093ZZ | Alteration of Right Lower Extremity, Percutaneous Approach |
| 0Y0947Z | Alteration of Right Lower Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y094JZ | Alteration of Right Lower Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0Y094KZ | Alteration of Right Lower Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y094ZZ | Alteration of Right Lower Extremity, Percutaneous Endoscopic Approach |
| 0Y0B07Z | Alteration of Left Lower Extremity with Autologous Tissue Substitute, Open Approach |
| 0Y0B0JZ | Alteration of Left Lower Extremity with Synthetic Substitute, Open Approach |
| 0Y0B0KZ | Alteration of Left Lower Extremity with Nonautologous Tissue Substitute, Open Approach |
| 0Y0B0ZZ | Alteration of Left Lower Extremity, Open Approach |
| 0Y0B0ZZ | Alteration of Left Lower Extremity, Open Approach |
| 0Y0B37Z | Alteration of Left Lower Extremity with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0B3JZ | Alteration of Left Lower Extremity with Synthetic Substitute, Percutaneous Approach |
| 0Y0B3KZ | Alteration of Left Lower Extremity with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0B3ZZ | Alteration of Left Lower Extremity, Percutaneous Approach |
| 0Y0B47Z | Alteration of Left Lower Extremity with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0B4JZ | Alteration of Left Lower Extremity with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0B4KZ | Alteration of Left Lower Extremity with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0B4ZZ | Alteration of Left Lower Extremity, Percutaneous Endoscopic Approach |
| 0Y0C07Z | Alteration of Right Upper Leg with Autologous Tissue Substitute, Open Approach |
| 0Y0C0JZ | Alteration of Right Upper Leg with Synthetic Substitute, Open Approach |
| 0Y0C0KZ | Alteration of Right Upper Leg with Nonautologous Tissue Substitute, Open Approach |
| 0Y0C0ZZ | Alteration of Right Upper Leg, Open Approach |
| 0Y0C0ZZ | Alteration of Right Upper Leg, Open Approach |
| 0Y0C37Z | Alteration of Right Upper Leg with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0C3JZ | Alteration of Right Upper Leg with Synthetic Substitute, Percutaneous Approach |
| 0Y0C3KZ | Alteration of Right Upper Leg with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0C3ZZ | Alteration of Right Upper Leg, Percutaneous Approach |
| 0Y0C47Z | Alteration of Right Upper Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0C4JZ | Alteration of Right Upper Leg with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0C4KZ | Alteration of Right Upper Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0C4ZZ | Alteration of Right Upper Leg, Percutaneous Endoscopic Approach |
| 0Y0D07Z | Alteration of Left Upper Leg with Autologous Tissue Substitute, Open Approach |
| 0Y0D0JZ | Alteration of Left Upper Leg with Synthetic Substitute, Open Approach |
| 0Y0D0KZ | Alteration of Left Upper Leg with Nonautologous Tissue Substitute, Open Approach |
| 0Y0D0ZZ | Alteration of Left Upper Leg, Open Approach |
| 0Y0D0ZZ | Alteration of Left Upper Leg, Open Approach |
| 0Y0D37Z | Alteration of Left Upper Leg with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0D3JZ | Alteration of Left Upper Leg with Synthetic Substitute, Percutaneous Approach |
| 0Y0D3KZ | Alteration of Left Upper Leg with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0D3ZZ | Alteration of Left Upper Leg, Percutaneous Approach |
| 0Y0D47Z | Alteration of Left Upper Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0D4JZ | Alteration of Left Upper Leg with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0D4KZ | Alteration of Left Upper Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0D4ZZ | Alteration of Left Upper Leg, Percutaneous Endoscopic Approach |
| 0Y0F07Z | Alteration of Right Knee Region with Autologous Tissue Substitute, Open Approach |
| 0Y0F0JZ | Alteration of Right Knee Region with Synthetic Substitute, Open Approach |
| 0Y0F0KZ | Alteration of Right Knee Region with Nonautologous Tissue Substitute, Open Approach |
| 0Y0F0ZZ | Alteration of Right Knee Region, Open Approach |
| 0Y0F0ZZ | Alteration of Right Knee Region, Open Approach |
| 0Y0F37Z | Alteration of Right Knee Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0F3JZ | Alteration of Right Knee Region with Synthetic Substitute, Percutaneous Approach |
| 0Y0F3KZ | Alteration of Right Knee Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0F3ZZ | Alteration of Right Knee Region, Percutaneous Approach |
| 0Y0F47Z | Alteration of Right Knee Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0F4JZ | Alteration of Right Knee Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0F4KZ | Alteration of Right Knee Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0F4ZZ | Alteration of Right Knee Region, Percutaneous Endoscopic Approach |
| 0Y0G07Z | Alteration of Left Knee Region with Autologous Tissue Substitute, Open Approach |
| 0Y0G0JZ | Alteration of Left Knee Region with Synthetic Substitute, Open Approach |
| 0Y0G0KZ | Alteration of Left Knee Region with Nonautologous Tissue Substitute, Open Approach |
| 0Y0G0ZZ | Alteration of Left Knee Region, Open Approach |
| 0Y0G0ZZ | Alteration of Left Knee Region, Open Approach |
| 0Y0G37Z | Alteration of Left Knee Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0G3JZ | Alteration of Left Knee Region with Synthetic Substitute, Percutaneous Approach |
| 0Y0G3KZ | Alteration of Left Knee Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0G3ZZ | Alteration of Left Knee Region, Percutaneous Approach |
| 0Y0G47Z | Alteration of Left Knee Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0G4JZ | Alteration of Left Knee Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0G4KZ | Alteration of Left Knee Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0G4ZZ | Alteration of Left Knee Region, Percutaneous Endoscopic Approach |
| 0Y0H07Z | Alteration of Right Lower Leg with Autologous Tissue Substitute, Open Approach |
| 0Y0H0JZ | Alteration of Right Lower Leg with Synthetic Substitute, Open Approach |
| 0Y0H0KZ | Alteration of Right Lower Leg with Nonautologous Tissue Substitute, Open Approach |
| 0Y0H0ZZ | Alteration of Right Lower Leg, Open Approach |
| 0Y0H0ZZ | Alteration of Right Lower Leg, Open Approach |
| 0Y0H37Z | Alteration of Right Lower Leg with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0H3JZ | Alteration of Right Lower Leg with Synthetic Substitute, Percutaneous Approach |
| 0Y0H3KZ | Alteration of Right Lower Leg with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0H3ZZ | Alteration of Right Lower Leg, Percutaneous Approach |
| 0Y0H47Z | Alteration of Right Lower Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0H4JZ | Alteration of Right Lower Leg with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0H4KZ | Alteration of Right Lower Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0H4ZZ | Alteration of Right Lower Leg, Percutaneous Endoscopic Approach |
| 0Y0J07Z | Alteration of Left Lower Leg with Autologous Tissue Substitute, Open Approach |
| 0Y0J0JZ | Alteration of Left Lower Leg with Synthetic Substitute, Open Approach |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| 0Y0J0KZ | Alteration of Left Lower Leg with Nonautologous Tissue Substitute, Open Approach |
| 0Y0J0ZZ | Alteration of Left Lower Leg, Open Approach |
| 0Y0J0ZZ | Alteration of Right Ankle Region, Open Approach |
| 0Y0J37Z | Alteration of Left Lower Leg with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0J3JZ | Alteration of Left Lower Leg with Synthetic Substitute, Percutaneous Approach |
| 0Y0J3KZ | Alteration of Left Lower Leg with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0J3ZZ | Alteration of Left Lower Leg, Percutaneous Approach |
| 0Y0J47Z | Alteration of Left Lower Leg with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0J4JZ | Alteration of Left Lower Leg with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0J4KZ | Alteration of Left Lower Leg with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0J4ZZ | Alteration of Left Lower Leg, Percutaneous Endoscopic Approach |
| 0Y0K07Z | Alteration of Right Ankle Region with Autologous Tissue Substitute, Open Approach |
| 0Y0K0JZ | Alteration of Right Ankle Region with Synthetic Substitute, Open Approach |
| 0Y0K0KZ | Alteration of Right Ankle Region with Nonautologous Tissue Substitute, Open Approach |
| 0Y0K0ZZ | Alteration of Right Ankle Region, Open Approach |
| 0Y0K37Z | Alteration of Right Ankle Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0K3JZ | Alteration of Right Ankle Region with Synthetic Substitute, Percutaneous Approach |
| 0Y0K3KZ | Alteration of Right Ankle Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0K3ZZ | Alteration of Right Ankle Region, Percutaneous Approach |
| 0Y0K47Z | Alteration of Right Ankle Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0K4JZ | Alteration of Right Ankle Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0K4KZ | Alteration of Right Ankle Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0K4ZZ | Alteration of Right Ankle Region, Percutaneous Endoscopic Approach |
| 0Y0L07Z | Alteration of Left Ankle Region with Autologous Tissue Substitute, Open Approach |
| 0Y0L0JZ | Alteration of Left Ankle Region with Synthetic Substitute, Open Approach |
| 0Y0L0KZ | Alteration of Left Ankle Region with Nonautologous Tissue Substitute, Open Approach |
| 0Y0L0ZZ | Alteration of Left Ankle Region, Open Approach |
| 0Y0L0ZZ | Alteration of Left Ankle Region, Open Approach |
| 0Y0L37Z | Alteration of Left Ankle Region with Autologous Tissue Substitute, Percutaneous Approach |
| 0Y0L3JZ | Alteration of Left Ankle Region with Synthetic Substitute, Percutaneous Approach |
| 0Y0L3KZ | Alteration of Left Ankle Region with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0Y0L3ZZ | Alteration of Left Ankle Region, Percutaneous Approach |
| 0Y0L47Z | Alteration of Left Ankle Region with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0L4JZ | Alteration of Left Ankle Region with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0Y0L4KZ | Alteration of Left Ankle Region with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0Y0L4ZZ | Alteration of Left Ankle Region, Percutaneous Endoscopic Approach |
| 30230U2 | Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Open Approach |
| 30230U3 | Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Open Approach |
| 30230U4 | Transfusion of Allogeneic Unspecified T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Open Approach |
| 30233AZ | Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233CO | Transfusion of Autologous Hematopoietic Stem/Progenitor Cells, Genetically Modified into Peripheral Vein, Percutaneous Approach |
| 30233G1 | Transfusion of Nonautologous Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233U2 | Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233U3 | Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233U4 | Transfusion of Allogeneic Unspecified T-cell Depleted Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X1 | Transfusion of Nonautologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y1 | Transfusion of Nonautologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30240U2 | Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Central Vein, Open Approach |
| 30240U3 | Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Central Vein, Open Approach |
| 30240U4 | Transfusion of Allogeneic Unspecified T-cell Depleted Hematopoietic Stem Cells into Central Vein, Open Approach |
| 30243AZ | Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach |
| 30243G1 | Transfusion of Nonautologous Bone Marrow into Central Vein, Percutaneous Approach |
| 30243U2 | Transfusion of Allogeneic Related T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243U3 | Transfusion of Allogeneic Unrelated T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243U4 | Transfusion of Allogeneic Unspecified T-cell Depleted Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243X1 | Transfusion of Nonautologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y1 | Transfusion of Nonautologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 3E013GC | Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach |
| 3E0G3GC | Introduction of Other Therapeutic Substance into Upper GI, Percutaneous Approach |
| 3E0M30Y | Introduction of Hyperthermic Antineoplastic into Peritoneal Cavity, Percutaneous Approach |
| 3E0R329 | Introduction of Other Anti-infective into Spinal Canal, Percutaneous Approach |
| 3E0R33Z | Introduction of Anti-inflammatory into Spinal Canal, Percutaneous Approach |
| 3E0R36Z | Introduction of Nutritional Substance into Spinal Canal, Percutaneous Approach |
| 3E0R37Z | Introduction of Electrolytic and Water Balance Substance into Spinal Canal, Percutaneous Approach |
| 3E0R3AZ | Introduction of Embryonic Stem Cells into Spinal Canal, Percutaneous Approach |
| 3E0R3BZ | Introduction of Anesthetic Agent into Spinal Canal, Percutaneous Approach |
| 3E0R3GC | Introduction of Other Therapeutic Substance into Spinal Canal, Percutaneous Approach |
| 3E0R3HZ | Introduction of Radioactive Substance into Spinal Canal, Percutaneous Approach |
| 3E0R3KZ | Introduction of Other Diagnostic Substance into Spinal Canal, Percutaneous Approach |
| 3E0R3NZ | Introduction of Analgesics, Hypnotics, Sedatives into Spinal Canal, Percutaneous Approach |
| 3E0S302 | Introduction of High-dose Interleukin-2 into Epidural Space, Percutaneous Approach |
| 3E0S303 | Introduction of Low-dose Interleukin-2 into Epidural Space, Percutaneous Approach |
| 3E0S304 | Introduction of Liquid Brachytherapy Radioisotope into Epidural Space, Percutaneous Approach |
| 3E0S305 | Introduction of Other Antineoplastic into Epidural Space, Percutaneous Approach |
| 3E0S30M | Introduction of Monoclonal Antibody into Epidural Space, Percutaneous Approach |
| 3E0S328 | Introduction of Oxazolidinones into Epidural Space, Percutaneous Approach |
| 3E0S329 | Introduction of Other Anti-infective into Epidural Space, Percutaneous Approach |
| 3E0S33Z | Introduction of Anti-inflammatory into Epidural Space, Percutaneous Approach |
| 3E0S36Z | Introduction of Nutritional Substance into Epidural Space, Percutaneous Approach |
| 3E0S37Z | Introduction of Electrolytic and Water Balance Substance into Epidural Space, Percutaneous Approach |
| 3E0S3BZ | Introduction of Anesthetic Agent into Epidural Space, Percutaneous Approach |
| 3E0S3GC | Introduction of Other Therapeutic Substance into Epidural Space, Percutaneous Approach |
| 3E0S3HZ | Introduction of Radioactive Substance into Epidural Space, Percutaneous Approach |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| 3E0S3KZ | Introduction of Other Diagnostic Substance into Epidural Space, Percutaneous Approach |
| 3E0S3NZ | Introduction of Analgesics, Hypnotics, Sedatives into Epidural Space, Percutaneous Approach |
| 3E0U0GB | Introduction of Recombinant Bone Morphogenetic Protein into Joints, Open Approach |
| 3E0U3GB | Introduction of Recombinant Bone Morphogenetic Protein into Joints, Percutaneous Approach |
| 3E0U4GC | Introduction of Other Therapeutic Substance into Joints, Percutaneous Endoscopic Approach |
| 3E0V0GB | Introduction of Recombinant Bone Morphogenetic Protein into Bones, Open Approach |
| 3E0V3GB | Introduction of Recombinant Bone Morphogenetic Protein into Bones, Percutaneous Approach |
| 3E1U48X | Irrigation of Joints using Irrigating Substance, Percutaneous Endoscopic Approach, Diagnostic |
| 3E1U48Z | Irrigation of Joints using Irrigating Substance, Percutaneous Endoscopic Approach |
| 4A00X4Z | Measurement of Central Nervous Electrical Activity, External Approach |
| 4A10X4Z | Monitoring of Central Nervous Electrical Activity, External Approach |
| 4A10X4Z | Monitoring of Central Nervous Electrical Activity, External Approach |
| 4A10X4Z | Monitoring of Central Nervous Electrical Activity, External Approach |
| 4A1605H | Monitoring of Lymphatic Flow using Indocyanine Green Dye, Open Approach |
| 4A1635H | Monitoring of Lymphatic Flow using Indocyanine Green Dye, Percutaneous Approach |
| 4A1675H | Monitoring of Lymphatic Flow using Indocyanine Green Dye, Via Natural or Artificial Opening |
| 4A1685H | Monitoring of Lymphatic Flow using Indocyanine Green Dye, Via Natural or Artificial Opening Endoscopic |
| 5A05121 | Extracorporeal Hyperbaric Oxygenation, Intermittent |
| 5A05121 | Extracorporeal Hyperbaric Oxygenation, Intermittent |
| 5A0512C | Extracorporeal Supersaturated Oxygenation, Intermittent |
| 5A0512C | Extracorporeal Supersaturated Oxygenation, Intermittent |
| 5A05221 | Extracorporeal Hyperbaric Oxygenation, Continuous |
| 5A05221 | Extracorporeal Hyperbaric Oxygenation, Continuous |
| 5A0522C | Extracorporeal Supersaturated Oxygenation, Continuous |
| 5A0522C | Extracorporeal Supersaturated Oxygenation, Continuous |
| 5A15A2F | Extracorporeal Oxygenation, Membrane, Central, Intraoperative |
| 5A15A2G | Extracorporeal Oxygenation, Membrane, Peripheral Veno-arterial, Intraoperative |
| 5A15A2H | Extracorporeal Oxygenation, Membrane, Peripheral Veno-venous, Intraoperative |
| 8E090EM | Fluorescence Guided Procedure of Head and Neck Region using Aminolevulinic Acid, Open Approach |
| 8E090EZ | Fluorescence Guided Procedure of Head and Neck Region, Open Approach |
| 8E093EZ | Fluorescence Guided Procedure of Head and Neck Region, Percutaneous Approach |
| 8E094EZ | Fluorescence Guided Procedure of Head and Neck Region, Percutaneous Endoscopic Approach |
| 8E097EZ | Fluorescence Guided Procedure of Head and Neck Region, Via Natural or Artificial Opening |
| 8E098EZ | Fluorescence Guided Procedure of Head and Neck Region, Via Natural or Artificial Opening Endoscopic |
| 8E0W0EZ | Fluorescence Guided Procedure of Trunk Region, Open Approach |
| 8E0W3EZ | Fluorescence Guided Procedure of Trunk Region, Percutaneous Approach |
| 8E0W4EZ | Fluorescence Guided Procedure of Trunk Region, Percutaneous Endoscopic Approach |
| 8E0W7EZ | Fluorescence Guided Procedure of Trunk Region, Via Natural or Artificial Opening |
| 8E0W8EZ | Fluorescence Guided Procedure of Trunk Region, Via Natural or Artificial Opening Endoscopic |
| 8E0X0EZ | Fluorescence Guided Procedure of Upper Extremity, Open Approach |
| 8E0X3EZ | Fluorescence Guided Procedure of Upper Extremity, Percutaneous Approach |
| 8E0X4EZ | Fluorescence Guided Procedure of Upper Extremity, Percutaneous Endoscopic Approach |
| 8E0Y0EZ | Fluorescence Guided Procedure of Lower Extremity, Open Approach |
| 8E0Y3EZ | Fluorescence Guided Procedure of Lower Extremity, Percutaneous Approach |
| 8E0Y4EZ | Fluorescence Guided Procedure of Lower Extremity, Percutaneous Endoscopic Approach |
| BR100ZZ | Fluoroscopy of Cervical Spine using High Osmolar Contrast |
| BR100ZZ | Fluoroscopy of Cervical Spine using High Osmolar Contrast |
| BR101ZZ | Fluoroscopy of Cervical Spine using Low Osmolar Contrast |
| BR101ZZ | Fluoroscopy of Cervical Spine using Low Osmolar Contrast |
| BR10YZZ | Fluoroscopy of Cervical Spine using Other Contrast |
| BR10YZZ | Fluoroscopy of Cervical Spine using Other Contrast |
| BR10ZZZ | Fluoroscopy of Cervical Spine |
| BR10ZZZ | Fluoroscopy of Cervical Spine |
| BR140ZZ | Fluoroscopy of Cervical Facet Joint(s) using High Osmolar Contrast |
| BR140ZZ | Fluoroscopy of Cervical Facet Joint(s) using High Osmolar Contrast |
| BR141ZZ | Fluoroscopy of Cervical Facet Joint(s) using Low Osmolar Contrast |
| BR14ZZZ | Fluoroscopy of Cervical Facet Joint(s) |
| BR14ZZZ | Fluoroscopy of Cervical Facet Joint(s) |
| BR150ZZ | Fluoroscopy of Thoracic Facet Joint(s) using High Osmolar Contrast |
| BR150ZZ | Fluoroscopy of Thoracic Facet Joint(s) using High Osmolar Contrast |
| BR151ZZ | Fluoroscopy of Thoracic Facet Joint(s) using Low Osmolar Contrast |
| BR151ZZ | Fluoroscopy of Thoracic Facet Joint(s) using Low Osmolar Contrast |
| BR15YZZ | Fluoroscopy of Thoracic Facet Joint(s) using Other Contrast |
| BR15YZZ | Fluoroscopy of Thoracic Facet Joint(s) using Other Contrast |
| BR15ZZZ | Fluoroscopy of Thoracic Facet Joint(s) |
| BR15ZZZ | Fluoroscopy of Thoracic Facet Joint(s) |
| BR170ZZ | Fluoroscopy of Thoracic Spine using High Osmolar Contrast |
| BR170ZZ | Fluoroscopy of Thoracic Spine using High Osmolar Contrast |
| BR171ZZ | Fluoroscopy of Thoracic Spine using Low Osmolar Contrast |
| BR171ZZ | Fluoroscopy of Thoracic Spine using Low Osmolar Contrast |
| BR17YZZ | Fluoroscopy of Thoracic Spine using Other Contrast |
| BR17YZZ | Fluoroscopy of Thoracic Spine using Other Contrast |
| BR17ZZZ | Fluoroscopy of Thoracic Spine |
| BR17ZZZ | Fluoroscopy of Thoracic Spine |
| BR180ZZ | Fluoroscopy of Thoracolumbar Joint using High Osmolar Contrast |
| BR180ZZ | Fluoroscopy of Thoracolumbar Joint using High Osmolar Contrast |
| BR181ZZ | Fluoroscopy of Thoracolumbar Joint using Low Osmolar Contrast |
| BR181ZZ | Fluoroscopy of Thoracolumbar Joint using Low Osmolar Contrast |
| BR18YZZ | Fluoroscopy of Thoracolumbar Joint using Other Contrast |
| BR18YZZ | Fluoroscopy of Thoracolumbar Joint using Other Contrast |
| BR18ZZZ | Fluoroscopy of Thoracolumbar Joint |
| BR200ZZ | Computerized Tomography (CT Scan) of Cervical Spine using High Osmolar Contrast |
| BR201ZZ | Computerized Tomography (CT Scan) of Cervical Spine using Low Osmolar Contrast |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| BR20YZZ | Computerized Tomography (CT Scan) of Cervical Spine using Other Contrast |
| BR20ZZZ | Computerized Tomography (CT Scan) of Cervical Spine |
| BR270ZZ | Computerized Tomography (CT Scan) of Thoracic Spine using High Osmolar Contrast |
| BR271ZZ | Computerized Tomography (CT Scan) of Thoracic Spine using Low Osmolar Contrast |
| BR27YZZ | Computerized Tomography (CT Scan) of Thoracic Spine using Other Contrast |
| BR27ZZZ | Computerized Tomography (CT Scan) of Thoracic Spine |
| D010BB1 | Low Dose Rate (LDR) Brachytherapy of Brain using Palladium 103 (Pd-103), Unidirectional Source |
| D011BB1 | Low Dose Rate (LDR) Brachytherapy of Brain Stem using Palladium 103 (Pd-103), Unidirectional Source |
| D016BB1 | Low Dose Rate (LDR) Brachytherapy of Spinal Cord using Palladium 103 (Pd-103), Unidirectional Source |
| D017BB1 | Low Dose Rate (LDR) Brachytherapy of Peripheral Nerve using Palladium 103 (Pd-103), Unidirectional Source |
| D710BB1 | Low Dose Rate (LDR) Brachytherapy of Bone Marrow using Palladium 103 (Pd-103), Unidirectional Source |
| D711BB1 | Low Dose Rate (LDR) Brachytherapy of Thymus using Palladium 103 (Pd-103), Unidirectional Source |
| D712BB1 | Low Dose Rate (LDR) Brachytherapy of Spleen using Palladium 103 (Pd-103), Unidirectional Source |
| D713BB1 | Low Dose Rate (LDR) Brachytherapy of Neck Lymphatics using Palladium 103 (Pd-103), Unidirectional Source |
| D714BB1 | Low Dose Rate (LDR) Brachytherapy of Axillary Lymphatics using Palladium 103 (Pd-103), Unidirectional Source |
| D715BB1 | Low Dose Rate (LDR) Brachytherapy of Thorax Lymphatics using Palladium 103 (Pd-103), Unidirectional Source |
| D716BB1 | Low Dose Rate (LDR) Brachytherapy of Abdomen Lymphatics using Palladium 103 (Pd-103), Unidirectional Source |
| D717BB1 | Low Dose Rate (LDR) Brachytherapy of Pelvis Lymphatics using Palladium 103 (Pd-103), Unidirectional Source |
| D718BB1 | Low Dose Rate (LDR) Brachytherapy of Inguinal Lymphatics using Palladium 103 (Pd-103), Unidirectional Source |
| D810BB1 | Low Dose Rate (LDR) Brachytherapy of Eye using Palladium 103 (Pd-103), Unidirectional Source |
| D910BB1 | Low Dose Rate (LDR) Brachytherapy of Ear using Palladium 103 (Pd-103), Unidirectional Source |
| D911BB1 | Low Dose Rate (LDR) Brachytherapy of Nose using Palladium 103 (Pd-103), Unidirectional Source |
| D913BB1 | Low Dose Rate (LDR) Brachytherapy of Hypopharynx using Palladium 103 (Pd-103), Unidirectional Source |
| D914BB1 | Low Dose Rate (LDR) Brachytherapy of Mouth using Palladium 103 (Pd-103), Unidirectional Source |
| D915BB1 | Low Dose Rate (LDR) Brachytherapy of Tongue using Palladium 103 (Pd-103), Unidirectional Source |
| D916BB1 | Low Dose Rate (LDR) Brachytherapy of Salivary Glands using Palladium 103 (Pd-103), Unidirectional Source |
| D917BB1 | Low Dose Rate (LDR) Brachytherapy of Sinuses using Palladium 103 (Pd-103), Unidirectional Source |
| D918BB1 | Low Dose Rate (LDR) Brachytherapy of Hard Palate using Palladium 103 (Pd-103), Unidirectional Source |
| D919BB1 | Low Dose Rate (LDR) Brachytherapy of Soft Palate using Palladium 103 (Pd-103), Unidirectional Source |
| D91BBB1 | Low Dose Rate (LDR) Brachytherapy of Larynx using Palladium 103 (Pd-103), Unidirectional Source |
| D91DBB1 | Low Dose Rate (LDR) Brachytherapy of Nasopharynx using Palladium 103 (Pd-103), Unidirectional Source |
| D91FBB1 | Low Dose Rate (LDR) Brachytherapy of Oropharynx using Palladium 103 (Pd-103), Unidirectional Source |
| DB10BB1 | Low Dose Rate (LDR) Brachytherapy of Trachea using Palladium 103 (Pd-103), Unidirectional Source |
| DB11BB1 | Low Dose Rate (LDR) Brachytherapy of Bronchus using Palladium 103 (Pd-103), Unidirectional Source |
| DB12BB1 | Low Dose Rate (LDR) Brachytherapy of Lung using Palladium 103 (Pd-103), Unidirectional Source |
| DB15BB1 | Low Dose Rate (LDR) Brachytherapy of Pleura using Palladium 103 (Pd-103), Unidirectional Source |
| DB16BB1 | Low Dose Rate (LDR) Brachytherapy of Mediastinum using Palladium 103 (Pd-103), Unidirectional Source |
| DB17BB1 | Low Dose Rate (LDR) Brachytherapy of Chest Wall using Palladium 103 (Pd-103), Unidirectional Source |
| DB18BB1 | Low Dose Rate (LDR) Brachytherapy of Diaphragm using Palladium 103 (Pd-103), Unidirectional Source |
| DD10BB1 | Low Dose Rate (LDR) Brachytherapy of Esophagus using Palladium 103 (Pd-103), Unidirectional Source |
| DD11BB1 | Low Dose Rate (LDR) Brachytherapy of Stomach using Palladium 103 (Pd-103), Unidirectional Source |
| DD12BB1 | Low Dose Rate (LDR) Brachytherapy of Duodenum using Palladium 103 (Pd-103), Unidirectional Source |
| DD13BB1 | Low Dose Rate (LDR) Brachytherapy of Jejunum using Palladium 103 (Pd-103), Unidirectional Source |
| DD14BB1 | Low Dose Rate (LDR) Brachytherapy of Ileum using Palladium 103 (Pd-103), Unidirectional Source |
| DD15BB1 | Low Dose Rate (LDR) Brachytherapy of Colon using Palladium 103 (Pd-103), Unidirectional Source |
| DD17BB1 | Low Dose Rate (LDR) Brachytherapy of Rectum using Palladium 103 (Pd-103), Unidirectional Source |
| DF10BB1 | Low Dose Rate (LDR) Brachytherapy of Liver using Palladium 103 (Pd-103), Unidirectional Source |
| DF11BB1 | Low Dose Rate (LDR) Brachytherapy of Gallbladder using Palladium 103 (Pd-103), Unidirectional Source |
| DF12BB1 | Low Dose Rate (LDR) Brachytherapy of Bile Ducts using Palladium 103 (Pd-103), Unidirectional Source |
| DF13BB1 | Low Dose Rate (LDR) Brachytherapy of Pancreas using Palladium 103 (Pd-103), Unidirectional Source |
| DG10BB1 | Low Dose Rate (LDR) Brachytherapy of Pituitary Gland using Palladium 103 (Pd-103), Unidirectional Source |
| DG11BB1 | Low Dose Rate (LDR) Brachytherapy of Pineal Body using Palladium 103 (Pd-103), Unidirectional Source |
| DG12BB1 | Low Dose Rate (LDR) Brachytherapy of Adrenal Glands using Palladium 103 (Pd-103), Unidirectional Source |
| DG14BB1 | Low Dose Rate (LDR) Brachytherapy of Parathyroid Glands using Palladium 103 (Pd-103), Unidirectional Source |
| DG15BB1 | Low Dose Rate (LDR) Brachytherapy of Thyroid using Palladium 103 (Pd-103), Unidirectional Source |
| DM10BB1 | Low Dose Rate (LDR) Brachytherapy of Left Breast using Palladium 103 (Pd-103), Unidirectional Source |
| DM11BB1 | Low Dose Rate (LDR) Brachytherapy of Right Breast using Palladium 103 (Pd-103), Unidirectional Source |
| DT10BB1 | Low Dose Rate (LDR) Brachytherapy of Kidney using Palladium 103 (Pd-103), Unidirectional Source |
| DT11BB1 | Low Dose Rate (LDR) Brachytherapy of Ureter using Palladium 103 (Pd-103), Unidirectional Source |
| DT12BB1 | Low Dose Rate (LDR) Brachytherapy of Bladder using Palladium 103 (Pd-103), Unidirectional Source |
| DT13BB1 | Low Dose Rate (LDR) Brachytherapy of Urethra using Palladium 103 (Pd-103), Unidirectional Source |
| DU10BB1 | Low Dose Rate (LDR) Brachytherapy of Ovary using Palladium 103 (Pd-103), Unidirectional Source |
| DU11BB1 | Low Dose Rate (LDR) Brachytherapy of Cervix using Palladium 103 (Pd-103), Unidirectional Source |
| DU12BB1 | Low Dose Rate (LDR) Brachytherapy of Uterus using Palladium 103 (Pd-103), Unidirectional Source |
| DV10BB1 | Low Dose Rate (LDR) Brachytherapy of Prostate using Palladium 103 (Pd-103), Unidirectional Source |
| DV11BB1 | Low Dose Rate (LDR) Brachytherapy of Testis using Palladium 103 (Pd-103), Unidirectional Source |
| DW10 | Brachytherapy / Cranial Cavity |
| DW10BB1 | Low Dose Rate (LDR) Brachytherapy of Cranial Cavity using Palladium 103 (Pd-103), Unidirectional Source |
| DW10BBZ | Low Dose Rate (LDR) Brachytherapy of Cranial Cavity using Palladium 103 (Pd-103) |
| DW11BB1 | Low Dose Rate (LDR) Brachytherapy of Head and Neck using Palladium 103 (Pd-103), Unidirectional Source |
| DW12BB1 | Low Dose Rate (LDR) Brachytherapy of Chest using Palladium 103 (Pd-103), Unidirectional Source |
| DW13BB1 | Low Dose Rate (LDR) Brachytherapy of Abdomen using Palladium 103 (Pd-103), Unidirectional Source |
| DW16BB1 | Low Dose Rate (LDR) Brachytherapy of Pelvic Region using Palladium 103 (Pd-103), Unidirectional Source |
| DW1K | Brachytherapy / Upper Back |
| DW1KBB1 | Low Dose Rate (LDR) Brachytherapy of Upper Back using Palladium 103 (Pd-103), Unidirectional Source |
| DW1KBBZ | Low Dose Rate (LDR) Brachytherapy of Upper Back using Palladium 103 (Pd-103) |
| DW1L | Brachytherapy / Lower Back |
| DW1LBB1 | Low Dose Rate (LDR) Brachytherapy of Lower Back using Palladium 103 (Pd-103), Unidirectional Source |
| DW1LBBZ | Low Dose Rate (LDR) Brachytherapy of Lower Back using Palladium 103 (Pd-103) |
| DW1P | Brachytherapy / Gastrointestinal Tract |
| DW1PBB1 | Low Dose Rate (LDR) Brachytherapy of Gastrointestinal Tract using Palladium 103 (Pd-103), Unidirectional Source |
| DW1PBBZ | Low Dose Rate (LDR) Brachytherapy of Gastrointestinal Tract using Palladium 103 (Pd-103) |

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## PROCEDURES-ICD10

*•All diagnoses on this list require pre-certification •All inpatient continued stays exceeding 3 days require certification •All long-term acute care (LTAC) and rehabilitation admissions and continued stay reviews require pre-certification*

| ICD-10 Code | Description |
|---|---|
| DW1Q | Brachytherapy / Respiratory Tract |
| DW1QBB1 | Low Dose Rate (LDR) Brachytherapy of Respiratory Tract using Palladium 103 (Pd-103), Unidirectional Source |
| DW1QBBZ | Low Dose Rate (LDR) Brachytherapy of Respiratory Tract using Palladium 103 (Pd-103) |
| DW1R | Brachytherapy / Genitourinary Tract |
| DW1RBB1 | Low Dose Rate (LDR) Brachytherapy of Genitourinary Tract using Palladium 103 (Pd-103), Unidirectional Source |
| DW1RBBZ | Low Dose Rate (LDR) Brachytherapy of Genitourinary Tract using Palladium 103 (Pd-103) |
| DW1X | Brachytherapy / Upper Extremity |
| DW1XBB1 | Low Dose Rate (LDR) Brachytherapy of Upper Extremity using Palladium 103 (Pd-103), Unidirectional Source |
| DW1XBBZ | Low Dose Rate (LDR) Brachytherapy of Upper Extremity using Palladium 103 (Pd-103) |
| DW1Y | Brachytherapy / Lower Extremity |
| DW1YBB1 | Low Dose Rate (LDR) Brachytherapy of Lower Extremity using Palladium 103 (Pd-103), Unidirectional Source |
| DW1YBBZ | Low Dose Rate (LDR) Brachytherapy of Lower Extremity using Palladium 103 (Pd-103) |
| F0DZ8UZ | Prosthesis Device Fitting using Prosthesis |
| HZ2ZZZZ | Detoxification Services for Substance Abuse Treatment |
| HZ93ZZZ | Pharmacotherapy for Substance Abuse Treatment, Antabuse |
| HZ96ZZZ | Pharmacotherapy for Substance Abuse Treatment, Clonidine |
| OHTT0ZZ | Resection of Right Breast, Open Approach |
| X27 | New Technology, Cardiovascular System, Dilation |
| X27H | Dilation / Femoral Artery, Right |
| X27H385 | Dilation of Right Femoral Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27H395 | Dilation of Right Femoral Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27H3B5 | Dilation of Right Femoral Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27H3C5 | Dilation of Right Femoral Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27J | Dilation / Femoral Artery, Left |
| X27J385 | Dilation of Left Femoral Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27J395 | Dilation of Left Femoral Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27J3B5 | Dilation of Left Femoral Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27J3C5 | Dilation of Left Femoral Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27K | Dilation / Popliteal Artery, Proximal Right |
| X27K385 | Dilation of Proximal Right Popliteal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27K395 | Dilation of Proximal Right Popliteal Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27K3B5 | Dilation of Proximal Right Popliteal Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27K3C5 | Dilation of Proximal Right Popliteal Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27L | Dilation / Popliteal Artery, Proximal Left |
| X27L385 | Dilation of Proximal Left Popliteal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27L395 | Dilation of Proximal Left Popliteal Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27L3B5 | Dilation of Proximal Left Popliteal Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27L3C5 | Dilation of Proximal Left Popliteal Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27M | Dilation / Popliteal Artery, Distal Right |
| X27M385 | Dilation of Distal Right Popliteal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27M395 | Dilation of Distal Right Popliteal Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27M3B5 | Dilation of Distal Right Popliteal Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27M3C5 | Dilation of Distal Right Popliteal Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27N | Dilation / Popliteal Artery, Distal Left |
| X27N385 | Dilation of Distal Left Popliteal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27N395 | Dilation of Distal Left Popliteal Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27N3B5 | Dilation of Distal Left Popliteal Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27N3C5 | Dilation of Distal Left Popliteal Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27P | Dilation / Anterior Tibial Artery, Right |
| X27P385 | Dilation of Right Anterior Tibial Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27P395 | Dilation of Right Anterior Tibial Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27P3B5 | Dilation of Right Anterior Tibial Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27P3C5 | Dilation of Right Anterior Tibial Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27Q | Dilation / Anterior Tibial Artery, Left |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| X27Q385 | Dilation of Left Anterior Tibial Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27Q395 | Dilation of Left Anterior Tibial Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27Q3B5 | Dilation of Left Anterior Tibial Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27Q3C5 | Dilation of Left Anterior Tibial Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27R | Dilation / Posterior Tibial Artery, Right |
| X27R385 | Dilation of Right Posterior Tibial Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27R395 | Dilation of Right Posterior Tibial Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27R3B5 | Dilation of Right Posterior Tibial Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27R3C5 | Dilation of Right Posterior Tibial Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27S | Dilation / Posterior Tibial Artery, Left |
| X27S385 | Dilation of Left Posterior Tibial Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27S395 | Dilation of Left Posterior Tibial Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27S3B5 | Dilation of Left Posterior Tibial Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27S3C5 | Dilation of Left Posterior Tibial Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27T | Dilation / Peroneal Artery, Right |
| X27T385 | Dilation of Right Peroneal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27T395 | Dilation of Right Peroneal Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27T3B5 | Dilation of Right Peroneal Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27T3C5 | Dilation of Right Peroneal Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27U | Dilation / Peroneal Artery, Left |
| X27U385 | Dilation of Left Peroneal Artery with Sustained Release Drug-eluting Intraluminal Device, Percutaneous Approach, New Technology Group 5 |
| X27U395 | Dilation of Left Peroneal Artery with Two Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27U3B5 | Dilation of Left Peroneal Artery with Three Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X27U3C5 | Dilation of Left Peroneal Artery with Four or More Sustained Release Drug-eluting Intraluminal Devices, Percutaneous Approach, New Technology Group 5 |
| X2A6 | Assistance / Aortic Arch |
| X2A6325 | Cerebral Embolic Filtration, Single Deflection Filter in Aortic Arch, Percutaneous Approach, New Technology Group 5 |
| XHRPXF7 | Replacement of Skin with Bioengineered Allogeneic Construct, External Approach, New Technology Group 7 |
| XK02303 | Introduction of Concentrated Bone Marrow Aspirate into Muscle, Percutaneous Approach, New Technology Group 3 |
| XNS0032 | Reposition of Lumbar Vertebra using Magnetically Controlled Growth Rod(s), Open Approach, New Technology Group 2 |
| XNS0332 | Reposition of Lumbar Vertebra using Magnetically Controlled Growth Rod(s), Percutaneous Approach, New Technology Group 2 |
| XNS3032 | Reposition of Cervical Vertebra using Magnetically Controlled Growth Rod(s), Open Approach, New Technology Group 2 |
| XNS3332 | Reposition of Cervical Vertebra using Magnetically Controlled Growth Rod(s), Percutaneous Approach, New Technology Group 2 |
| XNS4032 | Reposition of Thoracic Vertebra using Magnetically Controlled Growth Rod(s), Open Approach, New Technology Group 2 |
| XNS4332 | Reposition of Thoracic Vertebra using Magnetically Controlled Growth Rod(s), Percutaneous Approach, New Technology Group 2 |
| XRG0092 | Fusion of Occipital-cervical Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG00F3 | Fusion of Occipital-cervical Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRG1092 | Fusion of Cervical Vertebral Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG10F3 | Fusion of Cervical Vertebral Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRG2092 | Fusion of 2 or more Cervical Vertebral Joints using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG20F3 | Fusion of 2 or more Cervical Vertebral Joints using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRG4092 | Fusion of Cervicothoracic Vertebral Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG40F3 | Fusion of Cervicothoracic Vertebral Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRG6092 | Fusion of Thoracic Vertebral Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG60F3 | Fusion of Thoracic Vertebral Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRG7092 | Fusion of 2 to 7 Thoracic Vertebral Joints using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG70F3 | Fusion of 2 to 7 Thoracic Vertebral Joints using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRG8092 | Fusion of 8 or more Thoracic Vertebral Joints using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRG80F3 | Fusion of 8 or more Thoracic Vertebral Joints using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRGA092 | Fusion of Thoracolumbar Vertebral Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRGA0R7 | Fusion of Thoracolumbar Vertebral Joint using Customizable Interbody Fusion Device, Open Approach, New Technology Group 7 |
| XRGA0F3 | Fusion of Thoracolumbar Vertebral Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRGB092 | Fusion of Lumbar Vertebral Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRGB0F3 | Fusion of Lumbar Vertebral Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRGB0R7 | Fusion of Lumbar Vertebral Joint using Customizable Interbody Fusion Device, Open Approach, New Technology Group 7 |
| XRGC092 | Fusion of 2 or more Lumbar Vertebral Joints using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRGC0F3 | Fusion of 2 or more Lumbar Vertebral Joints using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XRGC0R7 | Fusion of 2 or more Lumbar Vertebral Joints using Customizable Interbody Fusion Device, Open Approach, New Technology Group 7 |
| XRGD092 | Fusion of Lumbosacral Joint using Nanotextured Surface Interbody Fusion Device, Open Approach, New Technology Group 2 |
| XRGD0F3 | Fusion of Lumbosacral Joint using Radiolucent Porous Interbody Fusion Device, Open Approach, New Technology Group 3 |
| XT2 | New Technology, Urinary System, Monitoring |
| XT25 | Monitoring / Kidney |
| XT25XE5 | Monitoring of Kidney using Fluorescent Pyrazine, External Approach, New Technology Group 5 |
| XV508A4 | Destruction of Prostate using Robotic Waterjet Ablation, Via Natural or Artificial Opening Endoscopic, New Technology Group 4 |
| XW01 | Introduction / Subcutaneous Tissue |
| XW013W5 | Introduction of Caplacizumab into Subcutaneous Tissue, Percutaneous Approach, New Technology Group 5 |

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## PROCEDURES-ICD10

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| ICD-10 Code | Description |
|---|---|
| XW033K5 | Introduction of Fosfomycin Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5 |
| XW033N5 | Introduction of Meropenem-vaborbactam Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5 |
| XW033Q5 | Introduction of Tagraxofusp-erzs Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5 |
| XW033S5 | Introduction of Iobenguane I-131 Antineoplastic into Peripheral Vein, Percutaneous Approach, New Technology Group 5 |
| XW033U5 | Introduction of Imipenem-cilastatin-relebactam Anti-infective into Peripheral Vein, Percutaneous Approach, New Technology Group 5 |
| XW033W5 | Introduction of Caplacizumab into Peripheral Vein, Percutaneous Approach, New Technology Group 5 |
| XW043K5 | Introduction of Fosfomycin Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5 |
| XW043N5 | Introduction of Meropenem-vaborbactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5 |
| XW043Q5 | Introduction of Tagraxofusp-erzs Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5 |
| XW043S5 | Introduction of Iobenguane I-131 Antineoplastic into Central Vein, Percutaneous Approach, New Technology Group 5 |
| XW043U5 | Introduction of Imipenem-cilastatin-relebactam Anti-infective into Central Vein, Percutaneous Approach, New Technology Group 5 |
| XW043W5 | Introduction of Caplacizumab into Central Vein, Percutaneous Approach, New Technology Group 5 |
| XW0DXJ5 | Introduction of Apalutamide Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5 |
| XW0DXL5 | Introduction of Erdafitinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5 |
| XW0DXR5 | Introduction of Venetoclax Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5 |
| XW0DXT5 | Introduction of Ruxolitinib into Mouth and Pharynx, External Approach, New Technology Group 5 |
| XW0DXV5 | Introduction of Gilteritinib Antineoplastic into Mouth and Pharynx, External Approach, New Technology Group 5 |
| XXE | New Technology, Physiological Systems, Measurement |
| XXE5 | Measurement / Circulatory |
| XXE5XM5 | Measurement of Infection, Whole Blood Nucleic Acid-base Microbial Detection, New Technology Group 5 |

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## TRANSPLANTS -ICD10

Alaska Medicaid regulations provide for limited coverage of transplants

- All procedures on this list require pre-certification
- Multiple organ transplants including any of the procedures below require pre-certification
- Kidney/cornea/skin/bone transplants do not require pre-certification from Comagine Health
- All inpatient continued stays exceeding 3 days require certification

**Effective – June 2022**

| ICD-10 Code | Description |
|---|---|
| 02YA0Z0 | Transplantation of Heart, Allogeneic, Open Approach |
| 02YA0Z1 | Transplantation of Heart, Syngeneic, Open Approach |
| 02YA0Z2 | Transplantation of Heart, Zooplastic, Open Approach |
| 079T3ZZ | Drainage of Bone Marrow, Percutaneous Approach |
| 07DQ3ZZ | Extraction of Sternum Bone Marrow, Percutaneous Approach |
| 07DR3ZZ | Extraction of Iliac Bone Marrow, Percutaneous Approach |
| 07DS3ZZ | Extraction of Vertebral Bone Marrow, Percutaneous Approach |
| 0BYC0Z0 | Transplantation of Right Upper Lung Lobe, Allogeneic, Open Approach |
| 0BYC0Z1 | Transplantation of Right Upper Lung Lobe, Syngeneic, Open Approach |
| 0BYC0Z2 | Transplantation of Right Upper Lung Lobe, Zooplastic, Open Approach |
| 0BYD0Z0 | Transplantation of Right Middle Lung Lobe, Allogeneic, Open Approach |
| 0BYD0Z1 | Transplantation of Right Middle Lung Lobe, Syngeneic, Open Approach |
| 0BYD0Z2 | Transplantation of Right Middle Lung Lobe, Zooplastic, Open Approach |
| 0BYF0Z0 | Transplantation of Right Lower Lung Lobe, Allogeneic, Open Approach |
| 0BYF0Z1 | Transplantation of Right Lower Lung Lobe, Syngeneic, Open Approach |
| 0BYF0Z2 | Transplantation of Right Lower Lung Lobe, Zooplastic, Open Approach |
| 0BYG0Z0 | Transplantation of Left Upper Lung Lobe, Allogeneic, Open Approach |
| 0BYG0Z1 | Transplantation of Left Upper Lung Lobe, Syngeneic, Open Approach |
| 0BYG0Z2 | Transplantation of Left Upper Lung Lobe, Zooplastic, Open Approach |
| 0BYH0Z0 | Transplantation of Lung Lingula, Allogeneic, Open Approach |
| 0BYH0Z1 | Transplantation of Lung Lingula, Syngeneic, Open Approach |
| 0BYH0Z2 | Transplantation of Lung Lingula, Zooplastic, Open Approach |
| 0BYJ0Z0 | Transplantation of Left Lower Lung Lobe, Allogeneic, Open Approach |
| 0BYJ0Z1 | Transplantation of Left Lower Lung Lobe, Syngeneic, Open Approach |
| 0BYJ0Z2 | Transplantation of Left Lower Lung Lobe, Zooplastic, Open Approach |
| 0BYK0Z0 | Transplantation of Right Lung, Allogeneic, Open Approach |
| 0BYK0Z1 | Transplantation of Right Lung, Syngeneic, Open Approach |
| 0BYK0Z2 | Transplantation of Right Lung, Zooplastic, Open Approach |
| 0BYL0Z0 | Transplantation of Left Lung, Allogeneic, Open Approach |
| 0BYL0Z1 | Transplantation of Left Lung, Syngeneic, Open Approach |
| 0BYL0Z2 | Transplantation of Left Lung, Zooplastic, Open Approach |
| 0BYM0Z0 | Transplantation of Bilateral Lungs, Allogeneic, Open Approach |
| 0BYM0Z1 | Transplantation of Bilateral Lungs, Syngeneic, Open Approach |
| 0BYM0Z2 | Transplantation of Bilateral Lungs, Zooplastic, Open Approach |
| 0FY00Z0 | Transplantation of Liver, Allogeneic, Open Approach |
| 0FY00Z0 | Transplantation of Liver, Allogeneic, Open Approach |
| 0FY00Z1 | Transplantation of Liver, Syngeneic, Open Approach |
| 0FY00Z1 | Transplantation of Liver, Syngeneic, Open Approach |
| 0FY00Z2 | Transplantation of Liver, Zooplastic, Open Approach |
| 0FY00Z2 | Transplantation of Liver, Zooplastic, Open Approach |
| 0WY20Z0 | Transplantation of Face, Allogeneic, Open Approach |
| 0WY20Z1 | Transplantation of Face, Syngeneic, Open Approach |
| 0XYJ0Z0 | Transplantation of Right Hand, Allogeneic, Open Approach |
| 0XYJ0Z1 | Transplantation of Right Hand, Syngeneic, Open Approach |
| 0XYK0Z0 | Transplantation of Left Hand, Allogeneic, Open Approach |
| 0XYK0Z1 | Transplantation of Left Hand, Syngeneic, Open Approach |
| 30233AZ | Transfusion of Embryonic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233G0 | Transfusion of Autologous Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233G2 | Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233G2 | Transfusion of Allogeneic Related Bone Marrow into Peripheral Vein, Percutaneous Approach |

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## TRANSPLANTS -ICD10

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**Effective – June 2022**

| ICD-10 Code | Description |
|---|---|
| 30233G3 | Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233G3 | Transfusion of Allogeneic Unrelated Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233G4 | Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233G4 | Transfusion of Allogeneic Unspecified Bone Marrow into Peripheral Vein, Percutaneous Approach |
| 30233X0 | Transfusion of Autologous Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X2 | Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X2 | Transfusion of Allogeneic Related Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X3 | Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X3 | Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X4 | Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233X4 | Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y0 | Transfusion of Autologous Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y2 | Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y2 | Transfusion of Allogeneic Related Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y3 | Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y3 | Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y4 | Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30233Y4 | Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Peripheral Vein, Percutaneous Approach |
| 30243AZ | Transfusion of Embryonic Stem Cells into Central Vein, Percutaneous Approach |
| 30243G0 | Transfusion of Autologous Bone Marrow into Central Vein, Percutaneous Approach |
| 30243G2 | Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach |
| 30243G2 | Transfusion of Allogeneic Related Bone Marrow into Central Vein, Percutaneous Approach |
| 30243G3 | Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach |
| 30243G3 | Transfusion of Allogeneic Unrelated Bone Marrow into Central Vein, Percutaneous Approach |
| 30243G4 | Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Percutaneous Approach |
| 30243G4 | Transfusion of Allogeneic Unspecified Bone Marrow into Central Vein, Percutaneous Approach |
| 30243X0 | Transfusion of Autologous Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243X2 | Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243X2 | Transfusion of Allogeneic Related Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243X3 | Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243X3 | Transfusion of Allogeneic Unrelated Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243X4 | Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243X4 | Transfusion of Allogeneic Unspecified Cord Blood Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y0 | Transfusion of Autologous Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y2 | Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y2 | Transfusion of Allogeneic Related Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y3 | Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y3 | Transfusion of Allogeneic Unrelated Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y4 | Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 30243Y4 | Transfusion of Allogeneic Unspecified Hematopoietic Stem Cells into Central Vein, Percutaneous Approach |
| 3E03005 | Introduction of Other Antineoplastic into Peripheral Vein, Open Approach |
| 3E03305 | Introduction of Other Antineoplastic into Peripheral Vein, Percutaneous Approach |
| 3E04005 | Introduction of Other Antineoplastic into Central Vein, Open Approach |
| 3E04305 | Introduction of Other Antineoplastic into Central Vein, Percutaneous Approach |
| 3E05005 | Introduction of Other Antineoplastic into Peripheral Artery, Open Approach |
| 3E05305 | Introduction of Other Antineoplastic into Peripheral Artery, Percutaneous Approach |
| 3E06005 | Introduction of Other Antineoplastic into Central Artery, Open Approach |
| 3E06305 | Introduction of Other Antineoplastic into Central Artery, Percutaneous Approach |

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# OUTPATIENT IMAGING - CPT

**Effective – June 2022**

• All outpatient imaging services on this list require pre-certification

| CPT Code | Description |
|---|---|
| 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) |
| 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) |
| 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) |
| 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences |
| 70544 | Magnetic resonance angiography, head; without contrast material(s) |
| 70545 | Magnetic resonance angiography, head; with contrast material(s) |
| 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences |
| 70547 | Magnetic resonance angiography, neck; without contrast material(s) |
| 70548 | Magnetic resonance angiography, neck; with contrast material(s) |
| 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences |
| 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material |
| 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) |
| 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences |
| 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration |
| 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing |
| 70557 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material |
| 70558 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s) |
| 70559 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences |
| 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) |
| 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) |
| 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences |

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# OUTPATIENT IMAGING - CPT

**Effective – June 2022**

• All outpatient imaging services on this list require pre-certification

| CPT Code | Description |
|---|---|
| 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) |
| 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material |
| 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) |
| 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material |
| 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) |
| 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material |
| 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) |
| 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical |
| 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic |
| 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar |
| 72159 | Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s) |
| 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) |
| 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) |
| 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences |
| 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) |
| 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) |
| 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) |
| 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences |
| 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) |
| 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) |
| 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences |
| 73225 | Magnetic resonance angiography, upper extremity, with or without contrast material(s) |
| 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) |
| 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) |

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# OUTPATIENT IMAGING - CPT

**Effective – June 2022**

• All outpatient imaging services on this list require pre-certification

| CPT Code | Description |
|---|---|
| 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences |
| 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material |
| 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) |
| 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences |
| 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) |
| 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) |
| 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) |
| 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences |
| 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) |
| 74248 | Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination) |
| 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation |
| 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) |
| 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material; |
| 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging |
| 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; |
| 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging |
| 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) |
| 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; not requiring image post processing on an independent workstation |
| 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image post processing under concurrent supervision; requiring image post processing on an independent workstation |
| 76390 | Magnetic resonance spectroscopy |

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# OUTPATIENT IMAGING - CPT

**Effective – June 2022**

• All outpatient imaging services on this list require pre-certification

| CPT Code | Description |
|---|---|
| 76498 | Unlisted magnetic resonance procedure (eg, diagnostic, interventional) |
| 77021 | Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation |
| 77022 | Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation |
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral |
| 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral |
| 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral |
| 77080 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) |
| 77081 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) |
| 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply |
| 77085 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment |
| 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) |
| 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization |
| 78306 | Bone and/or Joint Imaging, Whole Body |
| 78320 | Bone and/or joint imaging; tomographic (SPECT) |
| 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan |
| 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan |
| 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan |
| 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); |

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| CPT Code | Description |
|---|---|
| 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan |
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) |
| 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation |
| 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative |
| 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique |
| 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification |
| 78491 | Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress |
| 78492 | Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress |
| 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing |
| 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation |
| 78609 | Brain imaging, positron emission tomography (PET); perfusion evaluation |
| 78630 | Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography |
| 78803 | Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT) |
| 78811 | Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck) |
| 78812 | Positron emission tomography (PET) imaging; skull base to mid-thigh |
| 78813 | Positron emission tomography (PET) imaging; whole body |

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# OUTPATIENT IMAGING - CPT

**Effective – June 2022**

| CPT Code | Description |
|---|---|
| 78814 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck) |
| 78815 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh |
| 78816 | Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body |
| 78830 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging |
| 78831 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days |
| 78832 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days |

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## PROCEDURES - CPT

*• All procedures on this list require pre-certification • All inpatient continued stays exceeding 3 days require certification • All long term acute care (LTAC) admissions require pre-certification*

**Effective – June 2022**

****Hysterectomy:** **All Hysterectomies must have informed consent and meet the following criteria:**

- Patient must be over 21 years of age
- Patient must be mentally competent:

http://manuals.medicaidalaska.com/docs/dnld/Form_Hysterectomy_Certification_Consent_Form.pdf

| CPT Code | Description |
|---|---|
| 0095T | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| 0098T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| 11950 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less |
| 11951 | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc |
| 11952 | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc |
| 11954 | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc |
| 11970 | Replacement of tissue expander with permanent prosthesis |
| 11971 | Removal of tissue expander(s) without insertion of prosthesis |
| 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 thereof (List separately in addition to code for primary procedure) |
| 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 separately in addition to code for primary procedure) |
| 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 infants and children |
| 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 thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| 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 |
| 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) |
| 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 |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) |
| 15782 | Dermabrasion; regional, other than face |
| 15783 | Dermabrasion; superficial, any site (eg, tattoo removal) |
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy |
| 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 |
| 15836 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm |
| 15837 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand |
| 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad |
| 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) |
| 15876 | Suction assisted lipectomy; head and neck |
| 15877 | Suction assisted lipectomy; trunk |
| 15878 | Suction assisted lipectomy; upper extremity |
| 15879 | Suction assisted lipectomy; lower extremity |

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## PROCEDURES - CPT

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**Effective – June 2022**

****Hysterectomy:** **All Hysterectomies must have informed consent and meet the following criteria:**

- Patient must be over 21 years of age
- Patient must be mentally competent:

http://manuals.medicaidalaska.com/docs/dnld/Form_Hysterectomy_Certification_Consent_Form.pdf

| CPT Code | Description |
|---|---|
| 17380 | Electrolysis epilation, each 30 minutes |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 19300 | Mastectomy for gynecomastia |
| 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); |
| 19302 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy |
| 19303 | Mastectomy, simple, complete |
| 19305 | Mastectomy, radical, including pectoral muscles, axillary lymph nodes |
| 19306 | Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation) |
| 19307 | Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle |
| 19316 | Mastopexy |
| 19318 | Reduction mammaplasty |
| 19325 | Mammaplasty, augmentation; with prosthetic implant |
| 19328 | Removal of intact mammary implant |
| 19330 | Removal of mammary implant material |
| 19340 | Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| 19342 | Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction |
| 19350 | Nipple/areola reconstruction |
| 19355 | Correction of inverted nipples |
| 19357 | Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion |
| 19361 | Breast reconstruction with latissimus dorsi flap, without prosthetic implant |
| 19364 | Breast reconstruction with free flap |
| 19367 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; |
| 19368 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging) |
| 19369 | Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site |
| 19380 | Revision of reconstructed breast |
| 19396 | Preparation of moulage for custom breast implant |
| 19499 | Unlisted procedure, breast |
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles |
| 20700 | Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) |
| 20701 | Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure) |
| 20702 | Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure) |
| 20703 | Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure) |
| 20704 | Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure) |
| 20705 | Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure) |
| 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) |
| 21147 | Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies) |
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation |
| 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft) |
| 21601 | Excision of chest wall tumor including rib(s) |
| 21602 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy |
| 21603 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy |

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## PROCEDURES - CPT

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**Effective – June 2022**

****Hysterectomy:** **All Hysterectomies must have informed consent and meet the following criteria:**

- Patient must be over 21 years of age
- Patient must be mentally competent:

http://manuals.medicaidalaska.com/docs/dnld/Form_Hysterectomy_Certification_Consent_Form.pdf

| CPT Code | Description |
|---|---|
| 22100 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical |
| 22101 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic |
| 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar |
| 22103 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) |
| 22532 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic |
| 22533 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar |
| 22534 | Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (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 |
| 22552 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure) |
| 22554 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2 |
| 22556 | Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic |
| 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) |
| 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 |
| 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) |
| 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) |
| 22800 | Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments |
| 22802 | Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments |
| 22804 | Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments |
| 22808 | Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments |
| 22810 | Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments |
| 22812 | Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments |
| 22830 | Exploration of spinal fusion |
| 22849 | Reinsertion of spinal fixation device |
| 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 |
| 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar |
| 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty) |

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## PROCEDURES - CPT

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**Effective – June 2022**

****Hysterectomy:** **All Hysterectomies must have informed consent and meet the following criteria:**

- Patient must be over 21 years of age
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| CPT Code | Description |
|---|---|
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft |
| 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 |
| 27236 | Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement |
| 27280 | Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed |
| 27299 | Unlisted procedure, pelvis or hip joint |
| 27703 | Arthroplasty, ankle; revision, total ankle |
| 27899 | Unlisted procedure, leg or ankle |
| 28899 | Unlisted procedure, foot or toes |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| **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) |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) |
| 33016 | Pericardiocentesis, including imaging guidance, when performed |
| 33017 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly |
| 33018 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly |
| 33019 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming |
| 33858 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection |
| 33859 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm) |
| 33871 | Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation) |
| 33967 | Insertion of intra-aortic balloon assist device, percutaneous |
| 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 |
| 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle |
| 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump |
| 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass |
| 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass |
| 33999 | Unlisted procedure, cardiac surgery |
| 34717 | Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primaryprocedure) |

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| CPT Code | Description |
|---|---|
| 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral |
| 35702 | Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar) |
| 35703 | Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal) |
| 38240 | Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor |
| 43632 | Gastrectomy, partial, distal; with gastrojejunostomy |
| 43633 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction |
| 43634 | Gastrectomy, partial, distal; with formation of intestinal pouch |
| 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 |
| 43648 | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum |
| 43659 | Unlisted laparoscopy procedure, stomach |
| 43770 | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components) |
| 43771 | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only |
| 43772 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only |
| 43773 | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only |
| 43774 | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) |
| 43810 | Gastroduodenostomy |
| 43820 | Gastrojejunostomy; without vagotomy |
| 43825 | Gastrojejunostomy; with vagotomy, any type |
| 43845 | Gastricrestrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) |
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy |
| 43847 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption |
| 43881 | Implantation or replacement of gastric neurostimulator electrodes, antrum, open |
| 43882 | Revision or removal of gastric neurostimulator electrodes, antrum, open |
| 44120 | Enterectomy, resection of small intestine; single resection and anastomosis |
| 44121 | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| 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) |
| 44130 | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure) |
| 44133 | Donor enterectomy (including cold preservation), open; partial, from living donor |
| 44137 | Removal of transplanted intestinal allograft, complete |
| 44202 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis |
| 44203 | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure) |
| 44625 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal |

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| CPT Code | Description |
|---|---|
| 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(s), or any combination thereof |
| 46948 | Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed |
| 47135 | Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age |
| 47721 | Cholecystoenterostomy; with gastroenterostomy |
| 47741 | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy |
| 48547 | Duodenal exclusion with gastrojejunostomy for pancreatic injury |
| 49013 | Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration |
| 49014 | Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed |
| 51597 | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); |
| 58152 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch) |
| 58180 | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58200 | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) |
| 58210 | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) |
| 58240 | Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| 58260 | Vaginal hysterectomy, for uterus 250 g or less; |
| 58262 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) |
| 58263 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele |
| 58267 | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control |
| 58270 | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele |
| 58275 | Vaginal hysterectomy, with total or partial vaginectomy; |
| 58280 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation) |
| 58290 | Vaginal hysterectomy, for uterus greater than 250 g; |
| 58291 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) |
| 58292 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele |
| 58294 | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele |
| 58541 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; |
| 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) |
| 58548 | Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed |
| 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) |
| 58578 | Unlisted laparoscopy procedure, uterus |
| 58951 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy |

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| CPT Code | Description |
|---|---|
| 58953 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; |
| 58954 | Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy |
| 58956 | Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy |
| 59525 | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure) |
| 61343 | Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation) |
| 61575 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; |
| 61576 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy) |
| 61885 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays |
| 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver |
| 62272 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter) |
| 62320 | 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, cervical or thoracic; without imaging guidance |
| 62321 | 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, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) |
| 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 (caudal); without imaging guidance |
| 62328 | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance |
| 62329 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance |
| 62350 | Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy |
| 62360 | Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir |
| 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 |
| 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 |
| 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 primary procedure) |
| 63040 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical |

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| CPT Code | Description |
|---|---|
| 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, singleinterspace; each additional cervicalinterspace(List separately in addition to code for primary procedure) |
| 63044 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, singleinterspace; each additional lumbar interspace (Listseparately in addition to code for primary procedure) |
| 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 lumbar (List separately in addition to code for primary procedure) |
| 63050 | Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; |
| 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) |
| 63057 | Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure) |
| 63064 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment |
| 63066 | Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure) |
| 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 |
| 63078 | Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure) |
| 63172 | Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space |
| 63173 | Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space |
| 63185 | Laminectomy with rhizotomy; 1 or 2 segments |
| 63190 | Laminectomy with rhizotomy; more than 2 segments |
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural |
| 63663 | Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling |
| 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) |
| 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed |
| 64553 | Percutaneous implantation of neurostimulator electrode array; cranial nerve |
| 64555 | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) |
| 64561 | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed |
| 64568 | Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator |
| 64569 | Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator |
| 64575 | Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) |
| 64580 | Incision for implantation of neurostimulator electrode array; neuromuscular |
| 64581 | Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) |
| 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 |

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## PROCEDURES - CPT

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**Effective – June 2022**

****Hysterectomy:** **All Hysterectomies must have informed consent and meet the following criteria:**

- Patient must be over 21 years of age
- Patient must be mentally competent:

http://manuals.medicaidalaska.com/docs/dnld/Form_Hysterectomy_Certification_Consent_Form.pdf

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| CPT Code | Description |
|---|---|
| 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed |
| 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral |
| 64629 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure) |
| 64999 | Unlisted procedure, nervous system |
| 66987 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation |
| 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation |
| 69710 | Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone |
| 69711 | Removal or repair of electromagnetic bone conduction hearing device in temporal bone |
| 69714 | Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor |
| 69717 | Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy |
| 69719 | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor |
| 69726 | Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor |
| 69799 | Unlisted procedure, middle ear |
| 69930 | Cochlear device implantation, with or without mastoidectomy |
| 69949 | Unlisted procedure, inner ear |
| 69979 | Unlisted procedure, temporal bone, middle fossa approach |

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| CPT Code | Description |
|---|---|
| 95700 | Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels |
| 95705 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored |
| 95706 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance |
| 95707 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance |
| 95708 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored |
| 95709 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance |
| 95710 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance |
| 95711 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored |
| 95712 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance |
| 95713 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance |
| 95714 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored |
| 95715 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance |
| 95716 | Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance |
| 95717 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video |
| 95718 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG) |
| 95719 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video |

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| CPT Code | Description |
|---|---|
| 95720 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG) |
| 95721 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video |
| 95722 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG) |
| 95723 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video |
| 95724 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG) |
| 95725 | Electroencephalogram (EEG), continuous recording, physician or otherqualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video |
| 95726 | Electroencephalogram (EEG), continuous recording, physician or otherqualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG) |
| 95972 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional |

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