

Medicare Advantage Triad Musculoskeletal Codes

Investigational or Non-Covered

Pain Management

Joint Surgery

Physical Medicine

CPT	Description	Medicare Advantage
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	<i>Added 1/1/2015</i>
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	<i>Added 1/1/2015</i>
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	<i>Added 1/1/2015</i>
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	<i>Added 1/1/2015</i>
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	<i>Added 1/1/2015</i>
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	<i>Added 1/1/2015</i>
23031	Incision and drainage, shoulder area; infected bursa	
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area	
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body	
23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body	
23065	Biopsy, soft tissue of shoulder area, superficial	
23066	Biopsy, soft tissue of shoulder area, deep	

23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	
23073	Excision, tumor soft tissue of shoulder area, subfascial (eg. Intramuscular) 5 cm or greater	
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg. Intramuscular); less than 5 cm	
23077	Radical resection of tumor (eg. Sarcoma), soft tissue of shoulder area; less than 5 cm	
23078	Radical resection of tumor (eg. Sarcoma), soft tissue of shoulder area; greater than 5 cm	
23100	Arthrotomy, glenohumeral joint, including biopsy	
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage	
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy	
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy	
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body	
23120	Claviculectomy; partial	
23125	Claviculectomy; total	
23130	Acromioplasty or acromionectomy, partial with or without coracoacromial ligament release	
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula	
23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)	
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft	
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus	
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)	
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft	
23170	Sequestrectomy (eg., for osteomyelitis or bone abscess), clavicle	
23172	Sequestrectomy (eg., for osteomyelitis or bone abscess), scapula	
23174	Sequestrectomy (eg., for osteomyelitis or bone abscess), humeral head to surgical neck	
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg. Osteomyelitis), clavicle	
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg. Osteomyelitis), scapula	
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg. Osteomyelitis), proximal humerus	

23190	Ostectomy of scapula, partial (eg, superior medial angle)	
23195	Resection, humeral head	
23200	Radical resection of tumor; clavicle	
23210	Radical resection of tumor; scapula	
23220	Radical resection of tumor, proximal humerus	
23330	Removal of foreign body, shoulder; subcutaneous	
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)	
23334	Removal of prostheses, includes debridement and synovectomy when performed; humeral or glenoid component	
23335	Removal of prostheses, includes debridement and synovectomy when performed; humeral and glenoid component	
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography	
23395	Muscle transfer, any type, shoulder or upper arm; single	
23397	Muscle transfer, any type, shoulder or upper arm; multiple	
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	
23405	Tenotomy, shoulder area; single tendon	
23406	Tenotomy, shoulder area; multiple tendons through same incision	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	
23415	Coracoacromial ligament release, with or without acromioplasty	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	
23430	Tenodesis of long tendon of biceps	
23440	Resection or transplantation of long tendon of biceps	
23450	Capsulorrhaphy, anterior, Putti-Platt procedure or Magnuson type operation	
23455	Capsulorrhaphy, anterior, with labral repair (eg, Bankart procedure)	
23460	Capsulorrhaphy, anterior, any type; with bone block	
23462	Capsulorrhaphy, anterior, with coracoid process transfer	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	

23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	added 1/1/2013
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	added 1/1/2013
23480	Osteotomy, clavicle, with or without internal fixation	
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylemethacrylate; clavicle	
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylemethacrylate; proximal humerus	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	
23800	Arthrodesis, glenohumeral joint	
23802	with autogenous graft (includes obtaining graft)	
23929	Unlisted procedure, shoulder	
24300	Manipulation, elbow, under anesthesia	
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	
26991	Incision and drainage, pelvis or hip joint area; infected bursa	
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)	
27001	Tenotomy, adductor of hip, open	
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy	
27005	Tenotomy, hip flexor(s), open (separate procedure)	
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)	
27025	Fasciotomy, hip or thigh, any type	
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral	
27030	Arthrotomy, hip, with drainage (eg, infection)	
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body	
27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves	

27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)	
27040	Biopsy, soft tissue of pelvis and hip area; superficial	
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular	
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	
27050	Arthrectomy with biopsy; sacroiliac joint	
27052	hip joint	
27054	Arthrotomy with synovectomy, hip joint	
27057	Decompression fasciotomy (ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), with debridement of nonviable muscle, unilateral	
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	
27060	Excision; ischial bursa	
27062	trochanteric bursa or calcification	
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed	
27066	deep, (subfascial), includes autograft when performed	
27067	with autograft requiring separate incision	
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial	
27071	deep (subfascial or intramuscular)	
27075	Radical resection of tumor; wing or ilium, 1 pubic or ischial ramus or symphysis pubis	
27076	ilium, including acetabulum, both pubic rami, or ischium and acetabulum	
27077	innominate bone, total	
27078	ischial tuberosity and greater trochanter of femur	
27080	Coccygectomy, primary	
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	

27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)	
27090	Removal of hip prosthesis;(separate procedure)	
27091	complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer	
27093	Injection procedure for hip arthrography; without anesthesia	
27095	Injection procedure for hip arthrography; with anesthesia	
27097	Release or recession, hamstring, proximal	
27098	transfer, adductor to ischium	
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)	
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)	
27110	Transfer iliopsoas; to greater trochanter femur	
27111	Transfert iliopsoas; to femoral neck	
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis,bipolar arthroplasty)	
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	acetabular component only, with or without autograft or allograft	
27138	femoral component only, with or without autograft or allograft	
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)	
27146	Osteotomy, iliac, acetabular or innominate bone	
27147	Osteotomy, iliac, acetabular or innominate bone ; with open reduction of hip	
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy	
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and open reduction of hip	
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)	
27161	Osteotomy, femoral neck (separate procedure)	
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or case	
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)	
27175	Treatment of slipped femoral epiphysis; by traction, without reduction	
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ	

27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)	
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning	
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)	
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation	
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur	
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur	
27275	Manipulation, hip joint, requiring general anesthesia	
27280	Arthrodesis, open, sacroiliac joint including obtaining bone graft, including instrumentation, when performed	Revised 1/1/2015
27282	Arthrodesis, symphysis pubis (including obtaining graft)	
27284	Arthrodesis, hip joint (including obtaining graft)	
27286	with subtrochanteric osteotomy	
27299	Unlisted procedure, pelvis or hip joint	
27301	Incision and drainage, deep abscess bursa, or hematoma, thigh or knee region	
27303	Incision, deep with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	
27305	Fasciotomy, iliotibial (tenotomy), open	
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	
27307	multiple tendons	
27310	arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	
27323	Biopsy, soft tissue of thigh or knee area; superficial	
27324	deep (subfascial or intramuscular)	
27325	Neurectomy, hamstring muscle	
27326	Neurectomy, popliteal (gastrocnemius)	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	
27330	Arthrotomy, knee; with synovial biopsy only	
27331	including joint exploration, biopsy, or removal of loose or foreign bodies	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral	
27333	medial and lateral	

27334	Arthrotomy, with synovectomy, knee; anterior or posterior	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	
27340	Excision, prepatellar bursa	
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	
27350	Patellectomy or hemipatellectomy	
27355	Excision or curettage of bone cyst or benign tumor of femur;	
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft	
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	
27365	Radical resection of tumor, femur or knee	
27370	Injection of contrast for knee arthrography	Revised 1/1/2015
27372	Removal of foreign body, deep, thigh region or knee area	
27380	Suture of infrapatellar tendon; primary	
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft	
27385	Suture of quadriceps or hamstring muscle rupture; primary	
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft	
27390	Tenotomy, open, hamstring, knee to hip; single tendon	
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg	
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral	
27393	Lengthening of hamstring tendon; single tendon	
27394	Lengthening of hamstring tendon; multiple tendons, 1 leg	
27395	Lengthening of hamstring tendon; multiple tendons, bilateral	
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon	

27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons	
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)	
27403	Arthrotomy with meniscus repair, knee	
27405	Repair, primary, torn ligament and/or capsule, knee; collateral	
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate	
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments	
27412	Autologous chondrocyte implantation, knee	
27415	Osteochondral allograft, knee, open	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)	
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)	
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)	
27424	Reconstruction of dislocating patella; with patellectomy	
27425	Lateral retinacular release, open	
27427	Ligamentous reconstruction (augmentation), knee; extra-articular	
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)	
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular	
27430	Quadricepsplasty (eg, Bennett or Thompson type)	
27435	Capsulotomy, posterior capsular release, knee	
27438	Arthroplasty, patella with prosthesis	
27440	Arthroplasty, knee tibial plateau	
27441	with debridement and partial synovectomy	
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;	
27443	with debridement and partial synovectomy	
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	
27447	medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	
27448	Osteotomy, femur, shaft or supracondylar; without fixation	
27450	Osteotomy, femur, shaft or supracondylar; with fixation	

27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	
27465	Osteoplasty, femur; shortening (excluding 64876)	
27466	Osteoplasty, femur; lengthening	
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	
27486	Revision of total knee arthroplasty, with or without allograft; one component	
27487	femoral and entire tibial component	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	
27580	Arthrodesis, knee, any technique	
27599	Unlisted procedure, femur or knee	

27860	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	
29822	Arthroscopy, shoulder, surgical; debridement, limited	
29823	Arthroscopy, shoulder, surgical; debridement, extensive	
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)	
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)	
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy)	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy)	
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy)	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	
29863	Arthroscopy, hip, surgical; with synovectomy	

29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	
29873	Arthroscopy, knee, surgical; with lateral release	
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion	
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation	
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	

29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	
29916	Arthroscopy, hip, surgical; with labral repair	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	
62281	epidural, cervical or thoracic	
62282	epidural, lumbar, sacral (caudal)	
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	
62290	Injection procedure for discography, each level; lumbar	
62291	Injection procedure for discography, each level; cervical or thoracic	
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution) epidural or subarachnoid; cervical or thoracic	
62319	lumbar, sacral (caudal)	
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	
62351	with laminectomy	
62355	Removal of previously implanted intrathecal or epidural catheter	

62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	
62361	non-programmable pump	
62362	programmable pump, including preparation of pump, with or without programming	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	
62368	with reprogramming	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	

64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	
64620	Destruction by neurolytic agent, intercostal nerve	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	

72275	Epidurography, radiological supervision and interpretation	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	
72295	Discography, lumbar, radiological supervision and interpretation	
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring physician's skill	
97012	traction, mechanical	
97016	vasopneumatic devices	
97018	paraffin bath	
97022	whirlpool	
97024	diathermy (eg, microwave)	
97026	infrared	
97028	untraviolet	
97032	application to a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
97033	iontophoresis, each 15 minutes	
97034	contrast baths, each 15 minutes	
97035	ultrasound, each 15 minutes	
97036	hubbard tank, each 15 minutes	
97039	Unlisted modality (specify type and time if constant attendance)	
97110	Therapeutic procedure, 1 or more area	
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
97113	aquatic therapy with therapeutic exercises	
97116	gait training (includes stair climbing)	
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes.	
97150	Therapeutic procedure(s), group (2 or more individuals)	
97530	Therapeutic activities, direct (one to one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	

97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider each 15 minutes	
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	
97545	Work hardening/conditioning; initial 2 hours	
97546	each additional hour (list separately in addition to code for primary procedure)	
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	
97598	each additional 20 sq. cm., or part thereof (list separately in addition to code for primary procedure)	
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	
97606	total wound(s) surface area greater than 50 square centimeters	
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact by provider, with written report each 15 minutes	

97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	
97762	Checkout for orthotic/prosthetic use, established patient, each 15 minutes	
97799	Unlisted physical medicine/rehabilitation service or procedure	
98940	Chiropractic manipulative treatment (CMT) spinal, 1-2 regions	
98941	spinal, 3-4 regions	
98942	spinal, 5 regions	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	Revised 1/1/2015
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	Revised 1/1/2015
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	
0214T	second level (list separately in addition to code for primary procedure)	
0215T	third and any additional level(s) (List separately in addition to code for primary procedure)	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	
0217T	second level (list separately in addition to code for primary procedure)	
0218T	third and any additional level(s) (List separately in addition to code for primary procedure)	
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	
0229T	each additional level (list separately in addition to code for primary procedure)	
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	
0231T	each additional level (list separately in addition to code for primary procedure)	
C1767	Generator, neurostimulator (implantable), nonrechargeable	
C1778	Lead, neurostimulator (implantable)	
C1787	Patient programmer, neurostimulator	

C1816	Receiver and/or transmitter, neurostimulator (implantable)	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	
C1897	Lead, neurostimulator test kit (implantable)	
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program per session (45 minutes or more)	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minute	
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minute	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minute	
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minute	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minute	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minute	
G0259	Injection procedure for sacroiliac joint; arthrography	Investigational per BCBST medical policy
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Investigational per BCBST medical policy
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	
G0282	Electrical stimulation, (unattended), to one or more areas for wound care, other than described in G0281	
G0283	Electrical stimulation, (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	

L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
S2360	Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical	<i>Non-covered for MedicareAdvantage</i>
S2361	Each additional cervical vertebral body (list separately in addition to code for primary procedure)	<i>Non-covered for MedicareAdvantage</i>

