

Attachment 2

Required Outpatient Surgical Procedures and Related CPT and ICD-9 CM Procedure Codes

CPT Code	CPT Description	ICD-9 Procedure
COLONOSCOPY (Group 01)		
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple	4525 4521 4824
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	4685 4523
45379	with removal of foreign body	4523 9805
45380	with biopsy, single or multiple	4525 4824
45382	with control of bleeding, any method	4543
45383	with ablation of tumor(s), polyp(s) or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	4543 4835
45384	with removal of tumor(s), polyp(s) or other lesion(s) by hot biopsy forceps or bipolar cautery	4543 4832
45385	with removal of tumor(s), polyp(s) or other lesion(s) by snare technique	4542 4836
LAPAROSCOPY & LAPAROSCOPIC SURGERY (Group 02)		
49320	Laparoscopy, abdomen, peritoneum and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	5421
49321	Laparoscopy, surgical: with biopsy (single or multiple)	5424 5421
49322	with aspiration of cavity or cyst (e.g. Ovarian cyst) single or multiple	5424 6591 5421
49323	with drainage of lymphocele to peritoneal cavity	5421 540
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	5421 5499
58550	Laparoscopy, surgical: with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy)	6851
58551	with removal of leiomyomata (single or multiple)	6829 5421
58559	with lysis of intrauterine adhesions (any method)	6821 6812

CPT Code	CPT Description	ICD-9 Procedure
58560	with division or resection of intrauterine septum (any method)	6822 6812
58561	with removal of leiomyomata	6829 6812
58563	with endometrial ablation (any method)	6823
58578	Unlisted laparoscopy procedure, uterus	6999 5421
58579	Unlisted hysteroscopy procedure, uterus	6812
58660	Laparoscopy, surgical with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	6581
58661	with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	6541
58662	with fulguration or excision of lesions of the ovary, pelvic viscera or peritoneal surface by any method	6525
58670	with fulguration of oviducts (with or without transection)	6629
58671	with occlusion of oviducts by device (e.g. band, clip or Falope ring)	6629
58672	with fimbrioplasty	6679 5421
58673	with salpingostomy (salpingoneostomy)	6602 5421
58679	Unlisted laparoscopy procedure, oviduct, ovary	6599 5421
47562	Laparoscopy, surgical; cholecystectomy	5123
47563	cholecystectomy with cholangiography	5123 8753
47564	cholecystectomy with exploration of common duct	5123 5151 5183
47570	cholecysto-enterostomy	5132 5421
47579	Unlisted laparoscopy procedure, biliary tract	5199 5421
49650	Laparoscopy, surgical: repair initial inguinal hernia	5300 5421
49651	repair recurrent inguinal hernia	5300 5421
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	539 5421
SURGERY OF THE BREAST (Group 03)		
19102	Biopsy of breast; percutaneous, needle core, using imaging guidance	8511
19103	percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance	8511
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	850
19112	Excision of lactiferous duct fistula	8520

CPT Code	CPT Description	ICD-9 Procedure
19120	Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions	8521
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open, single lesion	8521
19126	Each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	8521
19140	Mastectomy for gynecomastia	8534
19160	Mastectomy, partial;	8523
19290	Preoperative placement of needle localization wire, breast	8519
19291	each additional lesion (List separately in addition to code for primary procedure)	8519
19499	Unlisted procedure, breast	8599
19316	Mastopexy	856
19318	Reduction mammoplasty	8531
19324	Mammoplasty, augmentation; without prosthetic implant	8550
19325	with prosthetic implant	8553U 8554B
19328	Removal of intact mammary implant	8594
19330	Removal of mammary implant material	8594
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	8553U 8554B
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	8553U 8554B
19350	Nipple/areola reconstruction	8587
19355	Correction of inverted nipples	8587
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	8595
19361	Breast reconstruction with latissimus dorsi flap, with or without prosthetic implant	8585 8554B
19364	Breast reconstruction with free flap	8581 8582 8583 8584 8586
19366	Breast reconstruction with other technique	8589
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	857
19368	with microvascular anastomosis (supercharging)	857
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	857
19370	Open periprosthetic capsulotomy, breast	850
19371	Periprosthetic capsulectomy, breast	8594

CPT Code	CPT Description	ICD-9 Procedure
19380	Revision of reconstructed breast	8589
19396	Preparation of moulage for custom breast implant	CPT only
HERNIA REPAIR (Group 04)		
49495	Repair initial inguinal hernia, under age 6 months, with or without hydrocelectomy; reducible	5300
49496	incarcerated or strangulated	5300
49500	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible	5300
49501	incarcerated or strangulated	5300
49505	Repair initial inguinal hernia, age 5 years or over; reducible	5300
49507	incarcerated or strangulated	5300
49520	Repair recurrent inguinal hernia, any age; reducible	5300
49521	incarcerated or strangulated	5300
49525	Repair inguinal hernia; sliding, any age	5300
49540	Repair lumbar hernia	539
49550	Repair initial femoral hernia, any age; reducible	5329
49553	incarcerated or strangulated	5329
49555	Repair recurrent femoral hernia; reducible	5329
49557	incarcerated or strangulated	5329
49560	Repair initial incisional or ventral hernia; reducible	5351
49561	incarcerated or strangulated	5351
49565	Repair recurrent incisional or ventral hernia; reducible	5351
49566	incarcerated or strangulated	5351
49568	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)	5351 (49565)
49570	Repair epigastric hernia (e.g. Preperitoneal fat); reducible (separate procedure)	5359
49572	incarcerated or strangulated	5359
49580	Repair umbilical hernia, under age 5 years; reducible	5359
49582	incarcerated or strangulated	5359
49585	Repair umbilical hernia, age 5 years or over; reducible	5349
49587	incarcerated or strangulated	5349
49590	Repair spigelian hernia	5359
49600	Repair of small omphalocele, with primary closure	5349
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	5341
49606	with removal of prosthesis, final reduction and closure, in operating room	5341
49610	Repair of omphalocele (Gross type operation); first stage	5349
49611	second stage	5349
LIPOSUCTION (Group 05)		
15876	Suction assisted lipectomy; head and neck	8683
15877	trunk	8683
15878	upper extremity	8683
15879	lower extremity	8683

CPT Code	CPT Description	ICD-9 Procedure
FACIAL SURGERY (Group 06)		
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	8682
15828	cheek, chin and neck	8682
15820	Blepharoplasty, lower eyelid;	0886
15821	with extensive herniated fat pad	0886
15822	Blepharoplasty, upper eyelid	0887
15823	with excessive skin weighing down lid	0887
KNEE ARTHROSCOPY (Group 07)		
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	8016
29874	for removal of loose body or foreign body (e.g. Osteochondritis dissecans fragmentation, chondral fragmentation)	8016
29875	synovectomy, limited (e.g. Plica or shelf resection) (separate procedure)	8076
29876	synovectomy, major, two or more compartments (e.g. medial or lateral)	8076
29877	debridement/shaving of articular cartilage (chondroplasty)	8086
29879	abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	8147
29880	with meniscectomy (medial AND lateral, including any meniscal shaving)	806
29881	with meniscectomy (medial OR lateral, including any meniscal shaving)	806
29882	with meniscus repair (medial OR lateral)	8147
29883	with meniscus repair (medial AND lateral)	8147
29884	with lysis of adhesions, with or without manipulation (separate procedure)	8046
29885	drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)	8147
29886	drilling for intact osteochondritis dissecans lesion	8147
29887	drilling for intact osteochondritis dissecans lesion with internal fixation	8147
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	8145
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	8145