

## Multispecialty – Physician Services

<b>Code</b>	<b>Description</b>
<b>1999</b>	<b>Unlisted Anesthesia Procedure</b>
<b>15781</b>	<b>Dermabrasion, Chemical Peel</b>
<b>15820</b>	<b>Blepharoplasty and Brow Pitosis repair</b>
<b>15823</b>	<b>Blepharoplasty</b>
<b>15830</b>	<b>Excision, Excessive Skin Subcutaneous Abdomen</b>
<b>15832</b>	<b>Excision, Excessive Skin Thigh</b>
<b>15834</b>	<b>Excision, Excessive Skin Hip</b>
<b>15835</b>	<b>Excision, Excessive Skin Buttock</b>
<b>15847</b>	<b>Abdominoplasty</b>
<b>15876</b>	<b>Suction Assisted Lipectomy</b>
<b>15999</b>	<b>Removal of Pressure Sore</b>
<b>17999</b>	<b>Skin Tissue Procedure</b>
<b>19300</b>	<b>Mastectomy Gynecosmatia</b>
<b>19316</b>	<b>Suspension of Breast</b>
<b>19318</b>	<b>Breast Reduction Surgery</b>
<b>19324</b>	<b>Breast Repair Reconstruction</b>
<b>19325</b>	<b>Mammoplasty, Augmentation</b>
<b>19328</b>	<b>Removal of Breast implant</b>
<b>19330</b>	<b>Removal of Implant Material</b>
<b>19340</b>	<b>Immediate Breast Prosthesis</b>
<b>19342</b>	<b>Delayed Insertion of Breast Prosthesis</b>
<b>19357</b>	<b>Breast Reconstruction</b>
<b>19361</b>	<b>Breast Reconstruction With Lat Flap</b>

## Multispecialty – Physician Services

<b>19364</b>	<b>Breast Reconstruction With Free Flap</b>
<b>15822</b>	<b>Blepheroptasty, upper eyelid</b>
<b>19366</b>	<b>Breast Reconstruction With Other Technique</b>
<b>19367</b>	<b>Breast Reconstruction With TRAM Flap, Single Pedicle</b>
<b>19368</b>	<b>Breast Reconstruction With Microvascular Anastomosis</b>
<b>19369</b>	<b>Breast Reconstruction With TRAM Flap, Double Pedicle</b>
<b>19370</b>	<b>Surgery of Breast Capsule</b>
<b>19371</b>	<b>Removal of Breast Capsule</b>
<b>19380</b>	<b>Revised Breast Reconstruction</b>
<b>19499</b>	<b>Breast Surgery Procedure</b>
<b>20962</b>	<b>Other Bone Graf Microvasc</b>
<b>20999</b>	<b>Musculoskeletal Surgery</b>
<b>21084</b>	<b>Speech Aid Prosthesis</b>
<b>21088</b>	<b>Facial Prosthesis</b>
<b>21089</b>	<b>Unlisted Maxillofacial Prosthetic Procedure</b>
<b>21121</b>	<b>Reconstruction of Chin</b>
<b>21137</b>	<b>Reduction Forehead Contouring Only</b>
<b>21299</b>	<b>Unlisted Cranio/Maxillofacial Procedure</b>
<b>21499</b>	<b>Unlisted Musculoskeletal Procedure, Head</b>
<b>21899</b>	<b>Unlisted Procedure of the Head or Neck</b>
<b>22818</b>	<b>Kyphectomy, 1-2 segments</b>
<b>22819</b>	<b>Kyphectomy, 3 or more segments</b>
<b>22899</b>	<b>Unlisted Procedure, Spine</b>
<b>22999</b>	<b>Unlisted Procedure, Abdomen, Musculoskeletal System</b>



## Multispecialty – Physician Services

<b>23929</b>	<b>Unlisted Procedure, Shoulder</b>
<b>24999</b>	<b>Unlisted Procedure, Humorous or Elbow</b>
<b>25246</b>	<b>Injection Procedure, Wrist Arthroscopy</b>
<b>25999</b>	<b>Unlisted Procedure, Forearm or Wrist</b>
<b>26989</b>	<b>Unlisted Procedure, Hand/Finger</b>
<b>27299</b>	<b>Unlisted Procedure, Pelvis/Hip Joint</b>
<b>27599</b>	<b>Unlisted Procedure, Femur or Knee</b>
<b>27899</b>	<b>Unlisted Procedure, Leg/Ankle</b>
<b>28899</b>	<b>Foot/Toes Surgery Procedure</b>
<b>29799</b>	<b>Casting/Strapping Procedure</b>
<b>29999</b>	<b>Arthroscopy of Joint</b>
<b>30420</b>	<b>Rhinoplasty</b>
<b>30462</b>	<b>Revision of Nose - Medical Necessity Only</b>
<b>30465</b>	<b>Repair of Nasal Stenosis</b>
<b>30520</b>	<b>Repair of Nasal Septum</b>
<b>30999</b>	<b>Nasal Surgery Procedure</b>
<b>31299</b>	<b>Sinus Surgery Procedure</b>
<b>31599</b>	<b>Larynx Surgery Procedure</b>
<b>31620</b>	<b>Endobronchial US Add On</b>
<b>31899</b>	<b>Airways Surgical Procedure</b>
<b>32999</b>	<b>Chest Surgery Procedure</b>
<b>33935</b>	<b>Transplantation Heart/Lung</b>
<b>33999</b>	<b>Cardiac Surgery Procedure</b>
<b>36299</b>	<b>Vessel Injection Procedure</b>



## Multispecialty – Physician Services

<b>36468</b>	<b>Single or Multiple Injections of Sclerosing Solutions</b>
<b>36460</b>	<b>Transfusion service, fetal</b>
<b>36470</b>	<b>Sclerotherapy Injection, Single Vein</b>
<b>37182</b>	<b>Insert Hepatic Shunt</b>
<b>37183</b>	<b>Remove Hepatic Shunt</b>
<b>37501</b>	<b>Vascular Endoscopy Procedure</b>
<b>37799</b>	<b>Vascular Surgery Procedure</b>
<b>38129</b>	<b>Laparoscopic Procedure Spleen</b>
<b>38230</b>	<b>Bone Marrow Harvest Allogeneic</b>
<b>38241</b>	<b>Bone Marrow/Stem Transplant Auto</b>
<b>38589</b>	<b>Laparoscope Procedure Lymphatic</b>
<b>38999</b>	<b>Blood/Lymph System Procedure</b>
<b>39499</b>	<b>Chest Procedure</b>
<b>39599</b>	<b>Diaphragm Surgery Procedure</b>
<b>40799</b>	<b>Lip Surgery Procedure</b>
<b>40899</b>	<b>Mouth Surgery Procedure</b>
<b>41599</b>	<b>Tongue and Mouth Surgery</b>
<b>41899</b>	<b>Dental Surgery, Procedure</b>
<b>42299</b>	<b>Palate/Uvula Surgery</b>
<b>42699</b>	<b>Salivary Surgery, Procedure</b>
<b>42999</b>	<b>Throat Surgery, Procedure</b>
<b>43289</b>	<b>Laparoscope Procedure, Esophagus</b>
<b>43499</b>	<b>Esophagus Surgery Procedure</b>
<b>43659</b>	<b>Laparoscopy Procedure, Stomach</b>



## Multispecialty – Physician Services

<b>43770</b>	<b>Laparoscopy, Gastric Restrictive Procedure</b>
<b>43771</b>	<b>Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision of Adjustable Gastric Restrictive Device Component Only</b>
<b>43772</b>	<b>Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal of Adjustable Gastric Restrictive Device Component Only</b>
<b>43773</b>	<b>Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal and Replacement of Adjustable Gastric Restrictive Device Component Only</b>
<b>43774</b>	<b>Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal of Adjustable Gastric Restrictive Device and Subcutaneous Port Components</b>
<b>43775</b>	<b>Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy</b>
<b>43842</b>	<b>Gastric Restrictive Procedure, Without Gastric Bypass, for Morbid Obesity; Vertical-banded Gastroplasty</b>
<b>43843</b>	<b>Gastric Restrictive Procedure, Without Gastric Bypass, for Morbid Obesity; other than Vertical-banded Gastroplasty</b>
<b>43846</b>	<b>Gastric Restrictive Procedure, With Gastric Bypass for Morbid Obesity; With short limb (150 cm or less) Rouxen-Y Gastroenterostomy</b>
<b>43847</b>	<b>Gastric Restrictive Procedure, With Gastric Bypass for Morbid Obesity; With Small Intestine Reconstruction to Limit Absorption</b>
<b>43888</b>	<b>Gastric Restrictive Procedure, Open; Removal and Replacement of Subcutaneous Port Component Only</b>
<b>43999</b>	<b>Unlisted Stomach Procedure</b>
<b>44238</b>	<b>Unlisted Laparoscopy Procedure, Intestine</b>



## Multispecialty – Physician Services

<b>44799</b>	<b>Unlisted Procedure, Small Intestine</b>
<b>44899</b>	<b>Unlisted Procedure, Meckel's Diverticulum and Mesentery</b>
<b>44979</b>	<b>Unlisted Laparoscopy Procedure, Appendix</b>
<b>45126</b>	<b>Pelvic Exenteration for Colorectal Cancer</b>
<b>45399</b>	<b>Unlisted Procedure, Colon</b>
<b>45499</b>	<b>Laparoscope Procedure Rectum</b>
<b>45999</b>	<b>Rectum Surgery Procedure</b>
<b>46999</b>	<b>Anus Surgery Procedure</b>
<b>47379</b>	<b>Laparoscope Procedure Liver</b>
<b>47399</b>	<b>Liver Surgery Procedure</b>
<b>47579</b>	<b>Laparoscope Procedure Biliary</b>
<b>47999</b>	<b>Bile Tract Surgery Procedure</b>
<b>48160</b>	<b>Pancreas Removal/Transplant</b>
<b>48999</b>	<b>Pancreas Surgery Procedure</b>
<b>49329</b>	<b>Laparoscopic Procedure Abdominal/Per/Oment</b>
<b>49659</b>	<b>Laparoscopic Procedure Hernia Repair</b>
<b>49904</b>	<b>Extra Abdominal Omental Flap</b>
<b>49900</b>	<b>Suture Procedures of the abdomen, Peritoneum, and Omentum</b>
<b>49999</b>	<b>Abdomen Surgery Procedure</b>
<b>50549</b>	<b>Laparoscope Procedure Renal</b>
<b>50949</b>	<b>Laparoscope Procedure Ureter</b>
<b>51715</b>	<b>Endoscopic Injection / Implant</b>
<b>51999</b>	<b>Laparoscope Proc Bladder</b>
<b>53899</b>	<b>Urology Surgery Procedure</b>

## Multispecialty – Physician Services

<b>54150</b>	<b>Circumcision, Using Clamp</b>
<b>54160</b>	<b>Circumcision, Surgical Excision</b>
<b>54161</b>	<b>Circumcision, Older Than 28 Days of Age</b>
<b>54699</b>	<b>Unlisted Laparoscopic Procedure, Testis</b>
<b>55559</b>	<b>Unlisted laparoscopic Procedure, Spermatic Cord</b>
<b>55899</b>	<b>Unlisted Procedure, Male Genital System</b>
<b>56800</b>	<b>Plastic Repair, Introitus</b>
<b>56805</b>	<b>Clitoroplasty for Intersex State</b>
<b>57291</b>	<b>Construction of Artificial Vagina, Without Graft</b>
<b>57292</b>	<b>Construct Vagina With Graft</b>
<b>58353</b>	<b>Endometrial Ablation, Thermal, Without Hysteroscopic Guidance</b>
<b>58578</b>	<b>Unlisted Laparoscopy Procedure, Uterus</b>
<b>58579</b>	<b>Unlisted Hysteroscopy Procedure, Uterus</b>
<b>58679</b>	<b>Unlisted Laparoscopy Procedure, Oviduct, Ovary</b>
<b>58825</b>	<b>Transposition Ovary</b>
<b>58999</b>	<b>Unlisted Procedure, Female Genital System</b>
<b>59409</b>	<b>Vaginal, Delivery Only</b>
<b>59410</b>	<b>Vaginal, Delivery Including Postpartum Care</b>
<b>59866</b>	<b>Multifetal Pregnancy Reduction(s) (MPR)</b>
<b>59897</b>	<b>Unlisted Fetal Invasive Procedure, Including Ultrasound</b>
<b>59898</b>	<b>Unlisted Laparoscopic Procedure, Maternity Care &amp; Delivery</b>
<b>59899</b>	<b>Unlisted Procedure, Maternity Care &amp; Delivery</b>
<b>60659</b>	<b>Unlisted Laparoscopic Procedure, Endocrine</b>
<b>60699</b>	<b>Unlisted Procedure, Endocrine</b>

## Multispecialty – Physician Services

<b>64999</b>	<b>Unlisted Procedure, Nervous System</b>
<b>66999</b>	<b>Unlisted Procedure, Anterior Segment of Eye</b>
<b>67299</b>	<b>Unlisted Procedure, Posterior Segment of Eye</b>
<b>67399</b>	<b>Unlisted Procedure, Extraocular Muscles</b>
<b>67599</b>	<b>Unlisted Procedure, Orbit Eye</b>
<b>67901</b>	<b>Repair Of Blepharoptosis; Frontalis Muscle Technique With Suture Or Other Material</b>
<b>67902</b>	<b>Repair Of Blepharoptosis; Frontalis Muscle Technique With Autologous Fascial Sling</b>
<b>67903</b>	<b>Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement, Internal Approach</b>
<b>67904</b>	<b>Repair Of Blepharoptosis; (Tarso) Levator Resection Or Advancement, External Approach</b>
<b>67906</b>	<b>Repair Of Blepharoptosis; Superior Rectus Technique With Fascial Sling</b>
<b>67908</b>	<b>Repair Of Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection</b>
<b>67909</b>	<b>Reduction of Overcorrection of Ptosis</b>
<b>67911</b>	<b>Correction of Lid Retraction</b>
<b>67999</b>	<b>Unlisted Procedure, Eyelids</b>
<b>68399</b>	<b>Unlisted Procedure, Conjunctiva</b>
<b>68899</b>	<b>Unlisted Procedure, Lacrimal System</b>
<b>69300</b>	<b>Otoplasty, Protruding Ears</b>
<b>69399</b>	<b>Unlisted Procedure, External Ear</b>
<b>69710</b>	<b>Implantation or Replacement of Electromagnetic Bone Conduction</b>



## Multispecialty – Physician Services

	<b>Hearing Device</b>
<b>69711</b>	<b>Remove/Repair of Electromagnetic Bone Conduction Hearing Device</b>
<b>69714</b>	<b>Implantation, Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment to External Speech Processor/Cochlear Without Mastoidectomy</b>
<b>69715</b>	<b>Implantation, Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment To External Speech Processor/Cochlear With Mastoidectomy</b>
<b>69717</b>	<b>Replacement (Including Removal of Existing Device), Osseointegrated Implant, Temporal Bone, With Percutaneous Attachment to External Speech Processor/Cochlear Stimulator; Without Mastoidectomy</b>
<b>69799</b>	<b>Unlisted Procedure, Temporal Bone, Middle Fossa</b>
<b>69930</b>	<b>Cochlear Device Implantation With or Without Masteoidectomy</b>
<b>69949</b>	<b>Unlisted Procedure, Inner Ear</b>
<b>69979</b>	<b>Temporal Bone Surgery</b>
<b>76496</b>	<b>Unlisted Fluoroscopic Procedure</b>
<b>76497</b>	<b>Unlisted Computed Tomography Procedure</b>
<b>76498</b>	<b>Unlisted Magnetic Resonance Procedure</b>
<b>76499</b>	<b>Unlisted Diagnostic Radiographic Procedure</b>
<b>77299</b>	<b>Unlisted Procedure, Therapeutic Treatment Planning</b>
<b>77399</b>	<b>External Radiation Dosimetry</b>
<b>77499</b>	<b>Radiation Therapy Management</b>
<b>77799</b>	<b>Radium/Radioisotope Therapy</b>
<b>78099</b>	<b>Endocrine Nuclear Procedure</b>

## Multispecialty – Physician Services

<b>78199</b>	<b>Blood/ Lymph Nuclear Exam</b>
<b>78299</b>	<b>GI Nuclear Procedure</b>
<b>78399</b>	<b>Musculoskeletal Nuclear Exam</b>
<b>78499</b>	<b>Cardiovascular Nuclear Exam</b>
<b>78599</b>	<b>Respiratory Nuclear Exam</b>
<b>78608</b>	<b>PET Brain – Metabolic Evaluation</b>
<b>78609</b>	<b>PET Brain – Perfusion Evaluation</b>
<b>78699</b>	<b>Nervous System Nuclear Exam</b>
<b>78799</b>	<b>Genitourinary Nuclear Exam</b>
<b>78999</b>	<b>Nuclear Diagnostic Exam</b>
<b>79999</b>	<b>Nuclear Medicine Therapy</b>
<b>87999</b>	<b>Microbiology Procedure</b>
<b>90399</b>	<b>Immune Globulin</b>
<b>90749</b>	<b>Vaccine/Toxoid</b>
<b>90899</b>	<b>Psychiatric Service/Therapy</b>
<b>90999</b>	<b>Unlisted Dialysis Procedure</b>
<b>91110</b>	<b>GI Tract Capsule Endoscopy</b>
<b>91299</b>	<b>Gastroenterology Procedure</b>
<b>92499</b>	<b>Eye Service or Procedure</b>
<b>92700</b>	<b>ENT Procedure Service</b>
<b>93318</b>	<b>Transesophageal Echocardiography (TEE)</b>
<b>93799</b>	<b>Unlisted Cardiovascular Service or Procedure</b>
<b>93998</b>	<b>Non Invasive Vascular Diagnostic Studies Procedure</b>
<b>94777</b>	<b>Pediatric Home Apnea Monitoring Event</b>



## Multispecialty – Physician Services

<b>94799</b>	<b>Unlisted Pulmonary Service or Procedure</b>
<b>95199</b>	<b>Allergy Immunology Services</b>
<b>95930</b>	<b>Visual Evoked Potential Test</b>
<b>95999</b>	<b>Neurological Procedure</b>
<b>96379</b>	<b>Therapeutic, Prophylactic, and Diagnostic Injections and Infusions</b>
<b>96549</b>	<b>Unlisted Chemotherapy Procedure</b>
<b>96999</b>	<b>Dermatological Procedure</b>
<b>97039</b>	<b>Unlisted Modality</b>
<b>97139</b>	<b>Unlisted Therapeutic Procedure</b>
<b>97799</b>	<b>Unlisted Physical Medicine/Rehabilitation Service or Procedure</b>
<b>99199</b>	<b>Other Medicine Services and Procedures</b>
<b>99201</b>	<b>Office or Other Outpatient Visit, New Patient</b>
<b>99202</b>	<b>Office or Other Outpatient Visit, New Patient, Expanded Problems</b>
<b>99203</b>	<b>Office or Other Outpatient Visit, New Patient, Moderate Severity Problems</b>
<b>99429</b>	<b>Unlisted Preventive Medicine Service</b>
<b>A4641</b>	<b>Radiopharmaceutical, Diagnostic, Not Otherwise Classified</b>
<b>A9600</b>	<b>Strontium sr-89 Chloride, Therapeutic</b>
<b>A9699</b>	<b>Radiopharmaceutical, Therapeutic, Not Otherwise Classified</b>
<b>J0585</b>	<b>Injection, OnabotulinumtoxinA, 1 Unit</b>
<b>L8603</b>	<b>Injectable Bulking Agent, Collagen Implant, Urinary Tract, 2.5 ML Syringe</b>
<b>L8606</b>	<b>Injectable Bulking Agent, Synthetic Implant, Urinary Tract, 1 ML Syringe</b>
<b>Q4112</b>	<b>Cymetra injectable, 1cc</b>



## Multispecialty – Physician Services

<b>Q4051</b>	<b>Splint Supplies Miscellaneous</b>
<b>S2411</b>	<b>Fetoscopic Laser Therapy for Treatment of Twin – To –Twin Transfusion Syndrome</b>
<b>76815</b>	<b>Ultrasound, Pregnant Uterus</b>
<b>76816</b>	<b>Ultrasound, Pregnant Uterus, Re-Evaluation</b>
<b>76817</b>	<b>Ultrasound, Pregnant Uterus, Transvaginal</b>
<b>76818</b>	<b>Fetal Biophysical Profile, Non Stress Test</b>
<b>76819</b>	<b>Fetal Biophysical Profile, Without Stress Test</b>
<b>76830</b>	<b>Ultrasound, Transvaginal</b>
<b>76831</b>	<b>Saline Infusion Sonohysterography</b>
<b>76856</b>	<b>Ultrasound, Pelvic, Non Obsteric, Complete</b>
<b>76857</b>	<b>Ultrasound, Pelvic, Non Obsteric, Limited or Follow Up</b>
<b>76999</b>	<b>Unlisted Ultrasound Procedure</b>