

2024 General Surgery: Is the Surgery Medicare Inpatient Only or not?

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xxxxx	Yellow = New CPT/HCPCS Code for CY 2024	xxxxx	Green = Active CPT/HCPCS changed from "IP only" to "not IP only" on 1/1/2023 and under status denial exemption until 1/1/2025
xxxxx	Blue = Active CPT/HCPCS changed from "not IP only" to "IP only" as of 1/1/2024	xxxxx	Orange = Active CPT/HCPCS changed from "IP only" to "not IP only" on 1/1/2024 and under status denial exemption until 1/1/2026

For Additional Breast Procedures - see Plastic Surgery List

For Additional Wound and Ulcer Care Procedures - see Plastic Surgery List

For Bariatric Surgery Procedures – see Bariatric Surgery List

Esophagus (Including Upper Endoscopy Based Procedures)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
		0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
		0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple
		0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter
		0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon
43045	Esophagotomy, thoracic approach, with removal of foreign body	43020	Esophagotomy, cervical approach, with removal of foreign body
43100	Excision of lesion, esophagus, with primary repair; cervical approach	43030	Cricopharyngeal myotomy
43101	Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach		
	Total or near total esophagectomy; codes 43107, 43108, 43112, 43113, 43124		
	Partial esophagectomy; codes 43116, 43117, 43118, 43121, 43122, 43123, 43124		
43135	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach	43130	Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach
		43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed
		43191-43196	Esophagoscopy, rigid, transoral; diagnostic or with injection, biopsy, foreign body removal, balloon dilation, guidewire insertion; codes 43191, 43192, 43193, 43194, 43195, 43196
		43197-43198	Esophagoscopy, flexible, transnasal; diagnostic or with biopsy; codes 43197, 43198
		43200-43232	Esophagoscopy, rigid or flexible; diagnostic or therapeutic; codes 43200, 43201, 43202, 43204, 43205, 43206, 43210, 43211, 43212, 43213, 43214, 43215, 43216, 43217, 43220, 43226, 43227, 43229, 43231, 43232
			Esophagogastroduodenoscopy, flexible, transoral; diagnostic or therapeutic; codes 43233, 43235, 43236, 43237, 43238, 43239, 43240, 43241, 43242, 43244, 43245, 43246, 43247, 43248, 43249, 43250,

			43251, 43252, 43253, 43254, 43255, 43257, 43259, 43266, 43270
			Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic or therapeutic; codes 43260, 43261, 43262, 43263, 43264, 43265, 43274, 43275, 43276, 43277, 43278
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed	43280	Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
		43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
		43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43283	Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)	43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43300-43314	Esophagoplasty (plastic repair or reconstruction); codes 43300, 43305, 43310, 43312, 43313, 43314	43285	Removal of esophageal sphincter augmentation device
43320	Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach	43289	Unlisted laparoscopy procedure, esophagus
43325-43328	Esophagogastric fundoplasty; codes 43325, 43327, 43328	43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon
43330	Esophagomyotomy (Heller type); abdominal approach	43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)
43331	Esophagomyotomy (Heller type); thoracic approach		
43332-43337	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy or thoracotomy or thoracoabdominal incision; codes 43332, 43333, 43334, 43335, 43336, 43337		
43338	Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)		
43340-43341	Esophagojejunostomy (without total gastrectomy); codes 43340, 43341		
43351-43352	Esophagostomy, fistulization of esophagus, external; codes 43351, 43352		
43360-43361	Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; codes 43360, 43361		
43400	Ligation, direct, esophageal varices		
43405	Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation		
	Suture of esophageal wound or injury; codes 43410, 43415	43420	Closure of esophagostomy or fistula; cervical approach
43425	Closure of esophagostomy or fistula; transthoracic or transabdominal approach	43453	Dilation of esophagus over guide wire
		43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
43496	Free jejunum transfer with microvascular anastomosis	43499	Unlisted procedure, esophagus
		C9777	Esophageal mucosal integrity testing by electrical impedance, transoral (list separately in addition to code for primary procedure)
		C9779	Endoscopic submucosal dissection (esd), including endoscopy or colonoscopy, mucosal closure, when performed

Diaphragm

Inpatient Only Procedure		Not an Inpatient Only Procedure	
39501	Repair, laceration of diaphragm, any approach		
39503	Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia		
39540	Repair, diaphragmatic hernia (other than neonatal), traumatic; acute		
39541	Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic		
39545	Imbrication of diaphragm for eventration, transthoracic		

	or transabdominal, paralytic or nonparalytic		
39560	Resection, diaphragm; with simple repair (eg, primary suture)		
39561	Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap)		
39599	Unlisted procedure, diaphragm		

Stomach

Inpatient Only Procedure		Not an Inpatient Only Procedure	
43500	Gastrotomy; with exploration or foreign body removal		
43501	Gastrotomy; with suture repair of bleeding ulcer		
43502	Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)		
43520	Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)		
43605	Biopsy of stomach, by laparotomy		
43610	Excision, local; ulcer or benign tumor of stomach		
43611	Excision, local; malignant tumor of stomach		
43620-43622	Gastrectomy, total; codes 43620, 43621, 43622		
43631-43635	Gastrectomy, partial, distal; codes 43631, 43632, 43633, 43634, 43635		
43640	Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective	43651	Laparoscopy, surgical; transection of vagus nerves, truncal
43641	Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)	43652	Laparoscopy, surgical; transection of vagus nerves, selective or highly selective
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	43659	Unlisted laparoscopy procedure, stomach
43800	Pyloroplasty		
43810	Gastroduodenostomy		
43820	Gastrojejunostomy; without vagotomy		
43825	Gastrojejunostomy; with vagotomy, any type	43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	43831	Gastrostomy, open; neonatal, for feeding
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury		
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy		
43865	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy	43870	Closure of gastrostomy, surgical
43880	Closure of gastrocolic fistula	43999	Unlisted procedure, stomach
		C9787	Gastric electrophysiology mapping with simultaneous patient symptom profiling

Small Intestine

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44005	Enterolysis (freeing of intestinal adhesion) (separate procedure)		
44010	Duodenotomy, for exploration, biopsy(s), or foreign body removal		
44020	Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal		
44021	Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)		
44025	Colotomy, for exploration, biopsy(s), or foreign body removal		
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy		
44055	Correction of malrotation by lysis of duodenal bands		

	and/or reduction of midgut volvulus (eg, Ladd procedure)		
44110	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy	44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
44111	Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies		
44120-44128	Enterectomy, resection of small intestine; codes 44120, 44121, 44125, 44126, 44127, 44128		
44130	Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)	44180	Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)
44187	Laparoscopy, surgical; ileostomy or jejunostomy, non-tube	44186	Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)
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)	44238	Unlisted laparoscopy procedure, intestine (except rectum)
44310	Ileostomy or jejunostomy, non-tube		
44314	Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)	44312	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
		44360-44379	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, with or without ileum; diagnostic or therapeutic; codes 44360, 44361, 44364, 44365, 44366, 44369, 44370, 44372, 44373, 44376, 44377, 44378, 44379
		44380-44384	Ileoscopy, through stoma; diagnostic, with biopsy, with transendoscopic balloon dilation, or with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed); codes 44380, 44381, 44382, 44384
		44385	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44602	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation	44386	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44603	Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations		
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction		
44620	Closure of enterostomy, large or small intestine;		
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)		
44640	Closure of intestinal cutaneous fistula		
44650	Closure of enteroenteric or enterocolic fistula		
44660	Closure of enterovesical fistula; without intestinal or bladder resection		
44661	Closure of enterovesical fistula; with intestine and/or bladder resection		
44680	Intestinal plication (separate procedure)		
44700	Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)		
44800	Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct	44799	Unlisted procedure, intestine

Large Intestine (Including Lower Endoscopy Based Procedures)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44139	Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)	0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter
	Colectomy, partial; codes 44140, 44141, 44143, 44144, 44145, 44146, 44147, 44160	0780T	Installation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract

	Colectomy, total, abdominal: codes 44150, 44151, 44155, 44156, 44157, 44158		
44188	Laparoscopy, surgical, colostomy or skin level cecostomy		
44204	Laparoscopy, surgical; colectomy, partial, with anastomosis		
44205	Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy		
44206	Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)		
44207	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)		
44208	Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy		
44210	Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy		
44211	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed		
44212	Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy		
44213	Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy		
44227	Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis	44238	Unlisted laparoscopy procedure, intestine (except rectum)
44316	Continent ileostomy (Kock procedure) (separate procedure)		
44320	Colostomy or skin level cecostomy;		
44322	Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)		
44345	Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)	44340	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	44388-44408	Colonoscopy through stoma; diagnostic or therapeutic; codes 44388, 44389, 44390, 44391, 44392, 44394, 44401, 44402, 44403, 44404, 44405, 44406, 44407, 44408
44604	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy		
44605	Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy		
44615	Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction		
44620	Closure of enterostomy, large or small intestine;		
44625	Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal		
44626	Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)	44799	Unlisted procedure, intestine
44640	Closure of intestinal cutaneous fistula	45300-45327	Proctosigmoidoscopy, rigid; diagnostic or therapeutic; codes 45300, 45303, 45305, 45307, 45308, 45309, 45315, 45317, 45320, 45321, 45327
44650	Closure of enteroenteric or enterocolic fistula	45330-45350	Sigmoidoscopy, flexible; diagnostic or therapeutic; codes 45330, 45331, 45332, 45333, 45334, 45335, 45337, 45338, 45340, 45341, 45342, 45346, 45347, 45349, 45350
44660	Closure of enterovesical fistula; without intestinal or bladder resection		Colonoscopy, flexible; diagnostic or therapeutic; codes 45378, 45379, 45380, 45381, 45382, 45384, 45385, 45386, 45388, 45389, 45390, 45391, 45392, 45393, 45398
44661	Closure of enterovesical fistula; with intestine and/or bladder resection	45399	Unlisted procedure, colon
44680	Intestinal plication (separate procedure)	91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon
		C9779	Endoscopic submucosal dissection (esd), including

			endoscopy or colonoscopy, mucosal closure, when performed
		G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen

Appendix

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44900	Incision and drainage of appendiceal abscess; open	44950	Appendectomy;
44960	Appendectomy; for ruptured appendix with abscess or generalized peritonitis	44955	Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)
		44970	Laparoscopy, surgical, appendectomy
		44979	Unlisted laparoscopy procedure, appendix

Anus/Rectum

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)
45110	Proctectomy; complete, combined abdominoperineal, with colostomy	45005	Incision and drainage of submucosal abscess, rectum
45111	Proctectomy; partial resection of rectum, transabdominal approach	45020	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
45112	Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)	45100	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45113	Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	45108	Anorectal myomectomy
45114	Proctectomy, partial, with anastomosis; abdominal and transsacral approach		
45116	Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)		
45119	Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed		
45120	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)		
45121	Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies		
45123	Proctectomy, partial, without anastomosis, perineal approach		
45130	Excision of rectal procidentia, with anastomosis; perineal approach		
45135	Excision of rectal procidentia, with anastomosis; abdominal and perineal approach		
45136	Excision of ileoanal reservoir with ileostomy	45150	Division of stricture of rectum
		45160	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
		45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
		45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
45395	Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy	45190	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed		
45400	Laparoscopy, surgical; proctopexy (for prolapse)		
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	45499	Unlisted laparoscopy procedure, rectum

45540	Proctopexy (eg, for prolapse); abdominal approach	45500	Proctoplasty; for stenosis
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	45505	Proctoplasty; for prolapse of mucous membrane
45562	Exploration, repair, and presacral drainage for rectal injury;	45520	Perirectal injection of sclerosing solution for prolapse
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	45541	Proctopexy (eg, for prolapse); perineal approach
45800	Closure of rectovesical fistula;	45560	Repair of rectocele (separate procedure)
45805	Closure of rectovesical fistula; with colostomy		
45820	Closure of rectourethral fistula;		
45825	Closure of rectourethral fistula; with colostomy	45900	Reduction of procidentia (separate procedure) under anesthesia
		45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local
		45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local
		45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
		45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic
		45999	Unlisted procedure, rectum
		46040	Incision and drainage of ischioanal and/or perirectal abscess (separate procedure)
		46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
		46050	Incision and drainage, perianal abscess, superficial
		46060	Incision and drainage of ischioanal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
		46070	Incision, anal septum (infant)
		46080	Sphincterotomy, anal, division of sphincter (separate procedure)
		46083	Incision of thrombosed hemorrhoid, external
		46200	Fissurectomy, including sphincterotomy, when performed
		46220	Excision of single external papilla or tag, anus
		46221	Hemorrhoidectomy, internal, by rubber band ligation(s)
		46230	Excision of multiple external papillae or tags, anus
		46250-46262	Hemorrhoidectomy - codes 46250, 46255, 46257, 46258, 46260, 46261, 46262
		46270-46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy) - codes 46270, 46275, 46280, 46285
		46288	Closure of anal fistula with rectal advancement flap
		46320	Excision of thrombosed hemorrhoid, external
		46500	Injection of sclerosing solution, hemorrhoids
		46505	Chemodenervation of internal anal sphincter
		46600-46615	Anoscopy; diagnostic or therapeutic; codes 46600, 46601, 46604, 46606, 46607, 46608, 46610, 46611, 46612, 46614, 46615
46705	Anoplasty, plastic operation for stricture; infant	46700	Anoplasty, plastic operation for stricture; adult
		46706	Repair of anal fistula with fibrin glue
46710	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
46712	Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach		
46715	Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)		
46716	Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula		
46730	Repair of high imperforate anus without fistula; perineal or sacroperineal approach		
46735	Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches		
46740	Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach		
46742	Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches		

46744	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach		
46746	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;		
46748	Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps		
46751	Sphincteroplasty, anal, for incontinence or prolapse; child	46750	Sphincteroplasty, anal, for incontinence or prolapse; adult
		46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse
		46754	Removal of Thiersch wire or suture, anal canal
		46760	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
		46761	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
		46900-46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple or extensive; chemical, electrodesiccation, cryosurgery, laser surgery, surgical excision; codes 46900, 46910, 46916, 46917, 46922, 46924
		46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
		46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
		46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
		46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)
		46940	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial
		46942	Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent
		46945	Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group
		46946	Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups
		46947	Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling
		46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, include ultrasound guidance, with mucopexy, when performed
		46999	Unlisted procedure, anus
		C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy

Abdominal Devices, Tubes, and Catheters (except Bariatric or Biliary)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0392T	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band)
		0393T	Removal of esophageal sphincter augmentation device
		0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report
		43510	Gastrostomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)
		43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum
		43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum
		43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)

		43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed
		43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)
		43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration
		43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)
		43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration
		43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition
		43762	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	43763	Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
44300	Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)		
44015	Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)	44500	Introduction of long gastrointestinal tube (e.g., Miller-Abbott)
		46020	Placement of seton
48000	Placement of drains, peripancreatic, for acute pancreatitis;	46030	Removal of anal seton, other marker
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy	49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure)
		49405	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous
		49406-49407	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal; percutaneous, transvaginal, or transrectal; codes 49406, 49407
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure)	49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
		49418	Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous
		49419	Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
		49421	Insertion of tunneled intraperitoneal catheter for dialysis, open
		49422	Removal of tunneled intraperitoneal catheter
		49423	Exchange of previously placed abscess or cyst drainage catheter under radiological guidance

			(separate procedure)
		49424	Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
49425	Insertion of peritoneal-venous shunt	49426	Revision of peritoneal-venous shunt
49428	Ligation of peritoneal-venous shunt	49427	Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
		49429	Removal of peritoneal-venous shunt
		49435	Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
		49436	Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
		49440	Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49441	Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
		49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report
		49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report

Liver

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
47010	Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages	47000	Biopsy of liver, needle; percutaneous
47015	Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es)	47001	Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure)
47100	Biopsy of liver, wedge		
47120	Hepatectomy, resection of liver; partial lobectomy		
47122	Hepatectomy, resection of liver; trisegmentectomy		
47125	Hepatectomy, resection of liver; total left lobectomy		
47130	Hepatectomy, resection of liver; total right lobectomy		
47300	Marsupialization of cyst or abscess of liver		
47350-47362	Management of liver hemorrhage; codes 47350, 47360, 47361, 47362	47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency
47380	Ablation, open, of 1 or more liver tumor(s); radiofrequency	47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical
47381	Ablation, open, of 1 or more liver tumor(s); cryosurgical	47379	Unlisted laparoscopic procedure, liver

		47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
		47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation
		47399	Unlisted procedure, liver

Gallbladder/Biliary

47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus		
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty		
47425	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty		
47460	Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)		
47480	Cholecystotomy, open, with exploration, drainage, or removal of calculus (separate procedure)	47490	Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation
		47531-47532	Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new or existing access (eg, percutaneous transhepatic cholangiogram); codes 47531, 47532
		47533-47534	Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external or internal-external; codes 47533, 47534
		47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
		47536	Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
		47537	Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation
		47538-47540	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation, each stent; new or existing access, with or without placement of separate biliary drainage catheter; codes 47538, 47539, 47540
		47541	Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access
		47542	Balloon dilation of biliary duct(s) or of ampulla

			(sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)
		47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)
		47544	Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
		47550	Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
		47552-47556	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic or therapeutic; codes 47552, 47553, 47554, 47555, 47556
		47562	Laparoscopy, surgical; cholecystectomy
		47563	Laparoscopy, surgical; cholecystectomy with cholangiography
		47564	Laparoscopy, surgical; cholecystectomy with exploration of common duct
47570	Laparoscopy, surgical; cholecystoenterostomy	47579	Unlisted laparoscopy procedure, biliary tract
	Cholecystectomy; including codes 47600, 47605, 47610, 47612, 47620		
47700	Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography		
47701	Portoenterostomy (eg, Kasai procedure)		
47711	Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic		
47712	Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic		
47715	Excision of choledochal cyst		
47720	Cholecystoenterostomy; direct		
47721	Cholecystoenterostomy; with gastroenterostomy		
47740	Cholecystoenterostomy; Roux-en-Y		
47741	Cholecystoenterostomy; Roux-en-Y with gastroenterostomy		
47760	Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract		
47765	Anastomosis, of intrahepatic ducts and gastrointestinal tract		
47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract		
47785	Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract		
47800	Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis		
47801	Placement of choledochal stent		
47802	U-tube hepaticoenterostomy		
47900	Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)	47999	Unlisted procedure, biliary tract
		C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure)

Pancreas

Inpatient Only Procedure		Not an Inpatient Only Procedure	
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging,		

	including guidance, and radiological supervision and interpretation, when performed; percutaneous		
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic		
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open		
48000	Placement of drains, peripancreatic, for acute pancreatitis;		
48001	Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy		
48020	Removal of pancreatic calculus		
48100	Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)	48102	Biopsy of pancreas, percutaneous needle
48105	Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis		
48120	Excision of lesion of pancreas (eg, cyst, adenoma)		
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy		
48145	Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy		
48146	Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)		
48148	Excision of ampulla of Vater		
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy		
48152	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreatojejunostomy		
48153	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreatojejunostomy		
48154	Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreatojejunostomy		
48155	Pancreatectomy, total		
48400	Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)		
48500	Marsupialization of pancreatic cyst		
48510	External drainage, pseudocyst of pancreas; open		
48520	Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct		
48540	Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y		
48545	Pancreatorrhaphy for injury		
48547	Duodenal exclusion with gastrojejunostomy for pancreatic injury	48999	Unlisted procedure, pancreas
48548	Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)		
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion		
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion		Note: Many laparoscopic pancreatic procedures do not have specific CPT or HCPCS code assignments except lap islet cell transplantation (see left). Some coders use the above unlisted 48999 or 49329 for other lap pancreas procedures.
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion		

Spleen

Inpatient Only Procedure		Not an Inpatient Only Procedure	
38100	Splenectomy; total (separate procedure)		
38101	Splenectomy; partial (separate procedure)		
38102	Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)	38120	Laparoscopy, surgical, splenectomy
38115	Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy	38129	Unlisted laparoscopy procedure, spleen

Other Abdominal Procedures (Including Retroperitoneal, Excluding Abdominal Wall)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
44820	Excision of lesion of mesentery (separate procedure)		
44850	Suture of mesentery (separate procedure)		
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	45000	Transrectal drainage of pelvic abscess
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		
49000	Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)		
49002	Reopening of recent laparotomy		
49010	Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)		
49020	Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; open	49082	Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance
49040	Drainage of subdiaphragmatic or subphrenic abscess, open	49083	Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance
49060	Drainage of retroperitoneal abscess, open	49084	Peritoneal lavage, including imaging guidance, when performed
49062	Drainage of extraperitoneal lymphocele to peritoneal cavity, open	49180	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49203	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less	49185	Injection of abnormal fluid accumulation using imaging guidance with radiological supervision and interpretation
49204	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter		
49205	Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter		
49215	Excision of presacral or sacrococcygeal tumor		
49255	Omentectomy, epiploectomy, resection of omentum (separate procedure)	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
		49320	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
		49321	Laparoscopy, surgical; with biopsy (single or multiple)
		49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
		49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
		49324	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity
		49326	Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
		49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
		49400	Injection of air or contrast into peritoneal cavity (separate procedure)
		49402	Removal of peritoneal foreign body from peritoneal cavity
		49999	Unlisted procedure, abdomen, peritoneum and omentum
		96547	Intraoperative hyperthermic intraperitoneal

			chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)
		96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)

Hernia Surgery (for Hiatal, see Esophagus) (for Diaphragmatic, see Diaphragm)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma		Repair, inguinal and femoral hernias: codes 49491, 49492, 49495, 49496, 49500, 49501, 49505, 49507, 49520, 49521, 49525, 49540, 49550, 49553, 49555, 49557
44346	Revision of colostomy; with repair of paracolostomy hernia (separate procedure)	49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)
		49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
		49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated
		49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
		49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	49595	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	49600	Repair of small omphalocele, with primary closure
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room		
49610	Repair of omphalocele (Gross type operation); first stage		
49611	Repair of omphalocele (Gross type operation); second stage		
		49613	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible
		49614	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated

49616	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	49615	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible
49617	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible		
49618	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated		
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible		
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated		
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	49650	Laparoscopy, surgical; repair initial inguinal hernia
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	49651	Laparoscopy, surgical; repair recurrent inguinal hernia
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	49659	Unlisted lap procedure, hernioplasty, herniorrhaphy, herniotomy
49906	Free omental flap with microvascular anastomosis	49999	Unlisted procedure, abdomen, peritoneum and omentum

CY 2024 Medicare Inpatient Only List: Anterior Abdominal Hernias

Initial Hernia	Reducible	Incarcerated/ Strangulated
<3 cm total	*	**
3-10 cm total	*	**
> 10 cm total	*	IP Only
Parastomal	IP Only	IP Only

Recurrent Hernia	Reducible	Incarcerated/ Strangulated
<3 cm total	*	**
3-10 cm total	*	IP Only
> 10 cm total	IP Only	IP Only
Parastomal	IP Only	IP Only

* Comprehensive APC 5341
** Comprehensive APC 5361

Anterior abdominal hernias
Epigastric, incisional, ventral, umbilical, spigelian
(Excludes inguinal, femoral, obturator, hiatal, paraesophageal hernias as well as omphalocele/gastroschisis)

Any approach
Open
Laparoscopic
With or without Robotic assistance

Removal of mesh
Removal of infected mesh from abdominal wall continues to be an IP only procedure (CPT 11008)

Removal of non -infected mesh is not IP only (CPT 49623)

Absorbable mesh
Implantation of absorbable mesh for delayed closure of defects due to soft tissue infection or trauma is also inpatient only (CPT 15778)

Absorbable mesh includes both biologic and synthetic bioabsorbable mesh (such as Strattice, FlexHD, BioA, TIGR)

Other Abdominal Wall Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0437T	Implantation of non-biologic or synthetic implant (e.g., polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
		22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
		22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater

Fasciotomy Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		24495	Decompression fasciotomy, forearm, with brachial artery exploration
		25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement

			of nonviable muscle and/or nerve
		25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
		25024	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
		25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
		26035	Decompression fingers and/or hand, injection injury (eg, grease gun)
		26037	Decompressive fasciotomy, hand (excludes 26035)
		26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
		26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
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
		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
		27305	Fasciotomy, iliotibial (tenotomy), open
		27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);
		27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
		27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;
		27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
		27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only
		27601	Decompression fasciotomy, leg; posterior compartment(s) only
		27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
		27892	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
		27893	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
		27894	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
		28008	Fasciotomy, foot and/or toe
		29893	Endoscopic plantar fasciotomy

Debridement Procedures, with or without Burn Care

Inpatient Only Procedure		Not an Inpatient Only Procedure	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone

		11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less
		11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less
		11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less
		11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		11720	Debridement of nail(s) by any method(s); 1 to 5
		11721	Debridement of nail(s) by any method(s); 6 or more
		16020-16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; codes 16020, 16025, 16030
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	16035	Escharotomy; initial incision
		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	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; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
		97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session

Mastectomy Procedures (See Plastic Surgery List for Other Breast Procedures)

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		19300	Mastectomy for gynecomastia
		19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
		19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
19305	Mastectomy, radical, including pectoral muscles, axillary lymph nodes	19303	Mastectomy, simple, complete
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

Other Soft Tissue/Musculoskeletal Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		10005-10012	Fine needle aspiration, including ultrasound, fluoroscopic, CT, or MR guidance, including first and additional lesions
		10004, 10021	Fine needle aspiration; without imaging guidance, first and additional lesions
		10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous
		10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
		10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
		10080	Incision and drainage of pilonidal cyst; simple
		10081	Incision and drainage of pilonidal cyst; complicated
		10120	Incision and removal of foreign body, subcutaneous tissues; simple
		10121	Incision and removal of foreign body, subcutaneous tissues; complicated
		10140	Incision and drainage of hematoma, seroma or fluid collection
		10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
		10180	Incision and drainage, complex, postoperative wound infection
15778	Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma	20100	Exploration of penetrating wound (separate procedure); neck
		20101	Exploration of penetrating wound (separate procedure); chest
		20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back
		20103	Exploration of penetrating wound (separate procedure); extremity
		20200	Biopsy, muscle; superficial
		20205	Biopsy, muscle; deep
		20206	Biopsy, muscle, percutaneous needle
		20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
		20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
		20240	Biopsy, bone, open; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
		20245	Biopsy, bone, open; deep (eg, humerus, ischium, femur)
		20250	Biopsy, vertebral body, open; thoracic
		20251	Biopsy, vertebral body, open; lumbar or cervical
		20500	Injection of sinus tract; therapeutic (separate procedure)
		20520	Removal of foreign body in muscle or tendon sheath; simple
		20525	Removal of foreign body in muscle or tendon sheath; deep or complicated
		20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)
		20700-20705	
		22999	Unlisted procedure, abdomen, musculoskeletal system
		27323	Biopsy, soft tissue of thigh or knee area; superficial
		27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
		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
		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
		27603	Incision and drainage, leg or ankle; deep abscess or hematoma
		27604	Incision and drainage, leg or ankle; infected bursa
		27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
		27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
		27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle
		27613	Biopsy, soft tissue of leg or ankle area; superficial
		27614	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
		27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm
		27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater
		27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm
		27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm
		27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
		27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater

Endocrine

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
		0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
		0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
		0673T	Ablation, benign thyroid nodule(s), percutaneous laser, including imaging guidance
		60000	Incision and drainage of thyroglossal duct cyst, infected
		60100	Biopsy thyroid, percutaneous core needle
		60200	Excision of cyst or adenoma of thyroid, or transection of isthmus
		60210	Partial thyroid lobectomy, unilateral; with or without isthmusectomy
		60212	Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
		60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy
		60225	Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy
		60240	Thyroidectomy, total or complete
60254	Thyroidectomy, total or subtotal for malignancy; with radical neck dissection	60252	Thyroidectomy, total or subtotal for malignancy; with limited neck dissection
60270	Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach	60271	Thyroidectomy, including substernal thyroid; cervical approach
		60280	Excision of thyroglossal duct cyst or sinus;
		60281	Excision of thyroglossal duct cyst or sinus; recurrent
		60300	Aspiration and/or injection, thyroid cyst
		60500	Parathyroidectomy or exploration of parathyroid(s);
60505	Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach	60502	Parathyroidectomy or exploration of parathyroid(s); re-exploration

		60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)
60521	Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)	60520	Thymectomy, partial or total; transcervical approach (separate procedure)
60522	Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)		
60540	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);		
60545	Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor		
60600	Excision of carotid body tumor; without excision of carotid artery		
60605	Excision of carotid body tumor; with excision of carotid artery		
60650	Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal	60659	Unlisted laparoscopy procedure, endocrine system
		60699	Unlisted procedure, endocrine system

Lymphatic System

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		38300	Drainage of lymph node abscess or lymphadenitis; simple
		38305	Drainage of lymph node abscess or lymphadenitis; extensive
		38308	Lymphangiomyotomy or other operations on lymphatic channels
38380	Suture and/or ligation of thoracic duct; cervical approach	38500	Biopsy or excision of lymph node(s); open, superficial
38381	Suture and/or ligation of thoracic duct; thoracic approach	38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38382	Suture and/or ligation of thoracic duct; abdominal approach	38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
		38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
		38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)
		38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)
		38531	Biopsy or excision of lymph node(s); open, inguinofemoral node(s)
		38542	Dissection, deep jugular node(s)
		38550	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
		38555	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38562	Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic		
38564	Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic)	38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
		38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
		38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
		38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed
		38589	Unlisted laparoscopy procedure, lymphatic system
		38700	Suprahyoid lymphadenectomy
38724	Cervical lymphadenectomy (modified radical neck dissection)	38720	Cervical lymphadenectomy (complete)

		38740	Axillary lymphadenectomy; superficial
38746	Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)	38745	Axillary lymphadenectomy; complete
38747	Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure)	38760	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
38765	Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		
38770	Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)		
38780	Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	38792	Injection procedure; radioactive tracer for identification of sentinel node
		38999	Unlisted procedure, hemic or lymphatic system

Miscellaneous

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0600T, 0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous or open
		36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
		36470	Injection of sclerosing solution; single vein
		36471	Injection of sclerosing solution; multiple veins, same leg
		C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (eg, fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple
		C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr) guidance