

2024 OB GYN: 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

Perineum/Vulva

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	56405	Incision and drainage of vulva or perineal abscess
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	56420	Incision and drainage of Bartholin's gland abscess
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	56440	Marsupialization of Bartholin's gland cyst
		56441	Lysis of labial adhesions
		56442	Hymenotomy, simple incision
		56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56630	Vulvectomy, radical, partial;	56620	Vulvectomy simple; partial
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	56625	Vulvectomy simple; complete
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy		
56633	Vulvectomy, radical, complete;		
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy		
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy		
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	56700	Partial hymenectomy or revision of hymenal ring
		56740	Excision of Bartholin's gland or cyst
		56800	Plastic repair of introitus
		56805	Clitoroplasty for intersex state
		56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
		56820	Colposcopy of the vulva;
		56821	Colposcopy of the vulva; with biopsy(s)

Vagina

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		57000	Colpotomy; with exploration
		57010	Colpotomy; with drainage of pelvic abscess
		57020	Colpocentesis (separate procedure)
		57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum
		57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
		57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
		57065	Destruction of vaginal lesion(s); extensive (eg, laser

			surgery, electrosurgery, cryosurgery, chemosurgery)
		57100	Biopsy of vaginal mucosa; simple (separate procedure)
		57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
		57106	Vaginectomy, partial removal of vaginal wall;
57110	Vaginectomy, complete removal of vaginal wall;	57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)
		57120	Colpocleisis (Le Fort type)
		57130	Excision of vaginal septum
		57135	Excision of vaginal cyst or tumor
		57150	Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease
		57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
		57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
		57160	Fitting and insertion of pessary or other intravaginal support device
		57170	Diaphragm or cervical cap fitting with instructions
		57180	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
		57200	Colporrhaphy, suture of injury of vagina (nonobstetrical)
		57210	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
		57220	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
		57230	Plastic repair of urethrocele
		57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
		57250	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
		57260	Combined anteroposterior colporrhaphy;
		57265	Combined anteroposterior colporrhaphy; with enterocele repair
57270	Repair of enterocele, abdominal approach (separate procedure)	57268	Repair of enterocele, vaginal approach (separate procedure)
57280	Colpopexy, abdominal approach	57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)
		57283	Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)
		57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach
		57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach
		57287	Removal or revision of sling for stress incontinence (eg, fascia or synthetic)
		57288	Sling operation for stress incontinence (eg, fascia or synthetic)
		57289	Pereyra procedure, including anterior colporrhaphy
		57291	Construction of artificial vagina; without graft
		57292	Construction of artificial vagina; with graft
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach
57305	Closure of rectovaginal fistula; abdominal approach	57300	Closure of rectovaginal fistula; vaginal or transanal approach
57307	Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy		
57308	Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication	57310	Closure of urethrovaginal fistula;
57311	Closure of urethrovaginal fistula; with bulbocavernosus transplant	57320	Closure of vesicovaginal fistula; vaginal approach
		57330	Closure of vesicovaginal fistula; transvesical and vaginal approach
		57335	Vaginoplasty for intersex state
		57400	Dilation of vagina under anesthesia (other than local)

		57410	Pelvic examination under anesthesia (other than local)
		57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
		57420	Colposcopy of the entire vagina, with cervix if present;
		57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix
		57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach
		57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)
		57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
		C9778	Colpopexy, vaginal; minimally invasive extra-peritoneal approach (sacrospinous)

Cervix

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		57452	Colposcopy of the cervix including upper/adjacent vagina;
		57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
		57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
		57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
		57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
		57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix
		57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
		57505	Endocervical curettage (not done as part of a dilation and curettage)
		57510	Cautery of cervix; electro or thermal
		57511	Cautery of cervix; cryocautery, initial or repeat
		57513	Cautery of cervix; laser ablation
		57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
		57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57540	Excision of cervical stump, abdominal approach;		
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	57550	Excision of cervical stump, vaginal approach;
		57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
		57556	Excision of cervical stump, vaginal approach; with repair of enterocele
		57558	Dilation and curettage of cervical stump
		57700	Cerclage of uterine cervix, nonobstetrical
		57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
		57800	Dilation of cervical canal, instrumental (separate procedure)

Uterine/Endometrial

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue
		0072T	Focused ultrasound ablation of uterine leiomyomata,

			including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue
		58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)
		58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach		
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);		
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocytopexy (eg, Marshall-Marchetti-Krantz, Burch)		
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)		
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)		
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)		
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	58260	Vaginal hysterectomy, for uterus 250 g or less;
		58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele
58275	Vaginal hysterectomy, with total or partial vaginectomy;	58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele		
58285	Vaginal hysterectomy, radical (Schauta type operation)	58290	Vaginal hysterectomy, for uterus greater than 250 g;
		58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele
		58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele
		58301	Removal of intrauterine device (IUD)
		58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
		58346	Insertion of Heyman capsules for clinical brachytherapy
		58353	Endometrial ablation, thermal, without hysteroscopic guidance
58400	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)	58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed
58410	Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy		
58520	Hysterorrhaphy, repair of ruptured uterus		

	(nonobstetrical)		
58540	Hysteroplasty, repair of uterine anomaly (Strassman type)	58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;
		58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
		58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;
		58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g
		58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;
		58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
		58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;
		58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58555	Hysteroscopy, diagnostic (separate procedure)
		58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
		58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
		58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
		58561	Hysteroscopy, surgical; with removal of leiomyomata
		58562	Hysteroscopy, surgical; with removal of impacted foreign body
		58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
		58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants
		58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;
		58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)
		58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;
		58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)
		58578	Unlisted laparoscopy procedure, uterus
		58579	Unlisted hysteroscopy procedure, uterus
		58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

Fallopian Tube/Ovary

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		58350	Chromotubation of oviduct, including materials
58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)	58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in	58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

	addition to code for primary procedure)		
58700	Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)	58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58740	Lysis of adhesions (salpingolysis, ovariolysis)	58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58750	Tubotubal anastomosis	58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58752	Tubouterine implantation	58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58760	Fimbrioplasty	58672	Laparoscopy, surgical; with fimbrioplasty
		58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
		58674	Laparoscopy, surgical, ablation of uterine fibroids, including intraoperative ultrasound guidance and monitoring, radiofrequency
		58679	Unlisted laparoscopy procedure, oviduct, ovary
		58770	Salpingostomy (salpingoneostomy)
		58800	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach
		58805	Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach
58822	Drainage of ovarian abscess; abdominal approach	58820	Drainage of ovarian abscess; vaginal approach, open
58825	Transposition, ovary(s)	58900	Biopsy of ovary, unilateral or bilateral (separate procedure)
		58920	Wedge resection or bisection of ovary, unilateral or bilateral
58940	Oophorectomy, partial or total, unilateral or bilateral;	58925	Ovarian cystectomy, unilateral or bilateral
		58999	Unlisted procedure, female genital system (nonobstetrical)

Gynecologic Oncology

Inpatient Only Procedure		Not an Inpatient Only Procedure	
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	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
58943	Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy		
58950	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;		
58951	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy		
58952	Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)		
58953	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;		
58954	Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy		
58956	Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy		

58957	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;		
58958	Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy	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)
58960	Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy	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)

Assisted Reproductive Technology

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		58321	Artificial insemination; intra-cervical
		58322	Artificial insemination; intra-uterine
		58323	Sperm washing for artificial insemination
		58970	Follicle puncture for oocyte retrieval, any method
		58974	Embryo transfer, intrauterine
		58976	Gamete, zygote, or embryo intrafallopian transfer, any method
		59866	Multifetal pregnancy reduction(s) (MPR)
		89250	Culture of oocyte(s)/embryo(s), less than 4 days;
		89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
		89253	Assisted embryo hatching, microtechniques (any method)
		89254	Oocyte identification from follicular fluid
		89255	Preparation of embryo for transfer (any method)
		89257	Sperm identification from aspiration (other than seminal fluid)
		89258	Cryopreservation; embryo(s)
		89259	Cryopreservation; sperm
		89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
		89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
		89264	Sperm identification from testis tissue, fresh or cryopreserved
		89268	Insemination of oocytes
		89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
		89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
		89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
		89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos
		89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos
		89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
		89310	Semen analysis; motility and count (not including Huhner test)
		89320	Semen analysis; volume, count, motility, and differential
		89321	Semen analysis; sperm presence and motility of sperm, if performed
		89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
		89325	Sperm antibodies
		89329	Sperm evaluation; hamster penetration test

		89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
		89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
		89335	Cryopreservation, reproductive tissue, testicular
		89337	Cryopreservation, mature oocyte(s)
		89342	Storage (per year); embryo(s)
		89343	Storage (per year); sperm/semens
		89344	Storage (per year); reproductive tissue, testicular/ovarian
		89346	Storage (per year); oocyte(s)
		89352	Thawing of cryopreserved; embryo(s)
		89353	Thawing of cryopreserved; sperm/semens, each aliquot
		89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
		89356	Thawing of cryopreserved; oocytes, each aliquot
		89398	Unlisted reproductive medicine laboratory procedure

Obstetrical/Pregnancy

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		59000	Amniocentesis; diagnostic
		59001	Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
		59012	Cordocentesis (intrauterine), any method
		59015	Chorionic villus sampling, any method
		59020	Fetal contraction stress test
		59025	Fetal non-stress test
		59030	Fetal scalp blood sampling
		59070	Transabdominal amnioinfusion, including ultrasound guidance
		59072	Fetal umbilical cord occlusion, including ultrasound guidance
		59074	Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
		59076	Fetal shunt placement, including ultrasound guidance
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy		
59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy		
59136	Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus		
59140	Surgical treatment of ectopic pregnancy; cervical, with evacuation	59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy
		59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy
		59160	Curettage, postpartum
		59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)
		59300	Episiotomy or vaginal repair, by other than attending
59325	Cerclage of cervix, during pregnancy; abdominal	59320	Cerclage of cervix, during pregnancy; vaginal
59350	Hysterorrhaphy of ruptured uterus	59409	Vaginal delivery only (with or without episiotomy and/or forceps);
		59412	External cephalic version, with or without tocolysis
59514	Cesarean delivery only;	59414	Delivery of placenta (separate procedure)
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	59812	Treatment of incomplete abortion, any trimester, completed surgically
		59820	Treatment of missed abortion, completed surgically; first trimester
59830	Treatment of septic abortion, completed surgically	59821	Treatment of missed abortion, completed surgically; second trimester
		59840	Induced abortion, by dilation and curettage
59850	Induced abortion, by 1 or more intra-amniotic	59841	Induced abortion, by dilation and evacuation

	injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;		
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation		
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)		
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;		
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation		
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)	59866	Multifetal pregnancy reduction(s) (MPR)
		59870	Uterine evacuation and curettage for hydatidiform mole
		59871	Removal of cerclage suture under anesthesia (other than local)
		59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed
		59898	Unlisted laparoscopy procedure, maternity care and delivery
		59899	Unlisted procedure, maternity care and delivery

Miscellaneous Surgery

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)
		11981	Insertion, non-biodegradable drug delivery implant
		11982	Removal, non-biodegradable drug delivery implant
		11983	Removal with reinsertion, non-biodegradable drug delivery implant
		55970	Intersex surgery; male to female
		55980	Intersex surgery; female to male