

2024 Ortho Upper and Lower Extremity 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

Arthroscopic Surgery

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		29805-29828	Arthroscopy, shoulder, codes 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828
		29830-29838	Arthroscopy, elbow, codes 29830, 29834, 29835, 29836, 29837, 29838
		29840-29847	Arthroscopy, wrist, codes 29840, 29843, 29844, 29845, 29846, 29847
		29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament
			Arthroscopy, hip, codes 29860, 29861, 29862, 29863, 29914, 29915, 29916
			Arthroscopy, knee, codes 29850, 29851, 29855, 29856, 29866, 29867, 29868, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889
		29891-29899	Arthroscopy, ankle, codes 29891, 29892, 29894, 29895, 29897, 29898, 29899
		29893	Endoscopic plantar fasciotomy
		29900-29902	Arthroscopy, metacarpophalangeal joint, codes 29900, 29901, 29902
		29904-29907	Arthroscopy, subtalar joint, codes 29904, 29905, 29906, 29907
		29999	Unlisted procedure, arthroscopy
		C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed

Shoulder/Humerus/Elbow – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0594T	Osteotomy, humerus, with insertion of an externally controlled intramedullary lengthening device, including intraoperative imaging, initial and subsequent alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, including incubation with cell dissociation enzymes, filtration, washing and concentration of ADRCs
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilateral
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation		
20816	Replantation, digit, excluding thumb (includes	20822	Replantation, digit, excluding thumb (includes distal tip

	metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation		to sublimis tendon insertion), complete amputation
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation		
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation		
		23000-23190	Proximal humerus, shoulder, or shoulder girdle procedures represented by codes 23000, 23020, 23030, 23031, 23035, 23040, 23044, 23065, 23066, 23071, 23073, 23075, 23076, 23077, 23078, 23100, 23101, 23105, 23106, 23107, 23120, 23125, 23130, 23140, 23145, 23146, 23150, 23155, 23156, 23170, 23172, 23174, 23180, 23182, 23184, 23190
		23195	Resection, humeral head
23200	Radical resection of tumor; clavicle		
23210	Radical resection of tumor; scapula		
23220	Radical resection of tumor, proximal humerus		
		23330	Removal of foreign body, shoulder; subcutaneous
		23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)
23335	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)	23334	Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component
		23395-23466	Shoulder procedures represented by codes 23395, 23397, 23400, 23405, 23406, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466
		23470	Arthroplasty, glenohumeral joint; hemiarthroplasty
		23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
		23480-23802	Proximal humerus, shoulder, or shoulder girdle procedures represented by codes 23480, 23485, 23490, 23491, 23500, 23505, 23515, 23520, 23525, 23530, 23532, 23540, 23545, 23550, 23552, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23650, 23655, 23660, 23665, 23670, 23675, 23680, 23700, 23800, 23802
23900	Interthoracoscapular amputation (forequarter)		
23920	Disarticulation of shoulder;	23921	Disarticulation of shoulder; secondary closure or scar revision
		23930-24582	Upper arm and elbow procedures represented by codes 23930, 23931, 23935, 24000, 24006, 24065, 24066, 24071, 24073, 24075, 24076, 24077, 24079, 24100, 24101, 24102, 24105, 24110, 24115, 24116, 24120, 24125, 24126, 24130, 24134, 24136, 24138, 24140, 24145, 24147, 24149, 24150, 24152, 24155, 24160, 24164, 24200, 24201, 24300, 24301, 24305, 24310, 24320, 24330, 24331, 24332, 24340, 24341, 24342, 24343, 24344, 24345, 24346, 24357, 24358, 24359, 24360, 24361, 24362, 24363, 24365, 24366, 24370, 24371, 24400, 24410, 24420, 24430, 24435, 24470, 24495, 24498, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582
		24586-24802	Elbow procedures represented by codes 24586, 24587, 24600, 24605, 24615, 24620, 24635, 24640, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 24800, 24802
24900	Amputation, arm through humerus; with primary closure		
24920	Amputation, arm through humerus; open, circular (guillotine)	24925	Amputation, arm through humerus; secondary closure or scar revision
24930	Amputation, arm through humerus; re-amputation		
24931	Amputation, arm through humerus; with implant		
24940	Cineplasty, upper extremity, complete procedure	24935	Stump elongation, upper extremity

Forearm/Wrist/Hand – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		25000-25830	Forearm or wrist procedures represented by codes 25000, 25001, 25020, 25023, 25024, 25025, 25028, 25031, 25035, 25040, 25065, 25066, 25071, 25073, 25075, 25076, 25077, 25078, 25085, 25100, 25101, 25105, 25107, 25109, 25110, 25111, 25112, 25115, 25116, 25118, 25119, 25120, 25125, 25126, 25130, 25135, 25136, 25145, 25150, 25151, 25170, 25210, 25215, 25230, 25240, 25248, 25250, 25251, 25259, 25260, 25263, 25265, 25270, 25272, 25274, 25275, 25280, 25290, 25295, 25300, 25301, 25310, 25312, 25315, 25316, 25320, 25332, 25335, 25337, 25350, 25355, 25360, 25365, 25370, 25375, 25390, 25391, 25392, 25393, 25394, 25400, 25405, 25415, 25420, 25425, 25426, 25430, 25431, 25440, 25441, 25442, 25443, 25444, 25445, 25446, 25447, 25449, 25450, 25455, 25490, 25491, 25492, 25500, 25450, 25455, 25490, 25491, 25492, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25606, 25607, 25608, 25609, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25660, 25670, 25671, 25675, 25676, 25680, 25685, 25690, 25695, 25800, 25805, 25810, 25820, 25825, 25830
25900	Amputation, forearm, through radius and ulna;	25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	25909	Amputation, forearm, through radius and ulna; re-amputation
25915	Krukenberg procedure (converts forearm stump into a pincer)		
25920	Disarticulation through wrist;	25922	Disarticulation through wrist; secondary closure or scar revision
25924	Disarticulation through wrist; re-amputation		
25927	Transmetacarpal amputation;	25929	Transmetacarpal amputation; secondary closure or scar revision
		25931	Transmetacarpal amputation; re-amputation
		26010-26548	Hand or finger procedures represented by codes 26010, 26011, 26020, 26025, 26030, 26034, 26035, 26037, 26040, 26045, 26055, 26060, 26070, 26075, 26080, 26100, 26105, 26110, 26111, 26113, 26115, 26116, 26117, 26118, 26121, 26123, 26130, 26135, 26140, 26145, 26160, 26170, 26180, 26185, 26200, 26205, 26210, 26215, 26230, 26235, 26236, 26250, 26260, 26262, 26320, 26340, 26341, 26350, 26352, 26356, 26357, 26358, 26370, 26372, 26373, 26390, 26392, 26410, 26412, 26415, 26416, 26418, 26420, 26426, 26428, 26432, 26433, 26434, 26437, 26440, 26442, 26445, 26449, 26450, 26455, 26460, 26471, 26474, 26476, 26477, 26478, 26479, 26480, 26483, 26485, 26489, 26490, 26492, 26494, 26496, 26497, 26498, 26499, 26500, 26502, 26508, 26510, 26516, 26517, 26518, 26520, 26525, 26530, 26531, 26535, 26536, 26540, 26541, 26542, 26545, 26546, 26548
		26550	Pollicization of a digit (creating thumb from existing digit)
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft		
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single		
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	26555	Transfer, finger to another position without microvascular anastomosis
26556	Transfer, free toe joint, with microvascular anastomosis		
		26560-26862	Hand or finger procedures represented by codes 26560, 26561, 26562, 26565, 26567, 26568, 26580, 26587, 26590, 26591, 26593, 26596, 26600, 26605, 26607, 26608, 26615, 26641, 26645, 26650, 26665, 26670, 26675, 26676, 26685, 26686, 26700, 26705, 26706, 26715, 26720, 26725, 26727, 26735, 26740, 26742, 26746, 26750, 26755, 26756, 26765, 26770, 26775, 26776, 26785, 26820, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26862
		26910	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer

		26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
		26952	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)

Pelvis/Hip – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20956	Bone graft with microvascular anastomosis; iliac crest		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe		
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest		
		26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)	26991	Incision and drainage, pelvis or hip joint area; infected bursa
		27000	Tenotomy, adductor of hip, percutaneous (separate procedure)
		27001	Tenotomy, adductor of hip, open
		27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27005	Tenotomy, hip flexor(s), open (separate procedure)	27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)
27025	Fasciotomy, hip or thigh, any type	27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral
27030	Arthrotomy, hip, with drainage (eg, infection)	27033	Arthrotomy, hip, including exploration or removal of loose or foreign body
		27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)		
		27040	Biopsy, soft tissue of pelvis and hip area; superficial
		27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
		27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
		27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
		27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm
		27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm
		27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm
		27050	Arthrotomy, with biopsy; sacroiliac joint
27054	Arthrotomy with synovectomy, hip joint	27052	Arthrotomy, with biopsy; hip joint
		27057	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral
		27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater
		27060	Excision; ischial bursa
		27062	Excision; trochanteric bursa or calcification
		27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed
		27066	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed
		27067	Excision of bone cyst or benign tumor, wing of ilium,

			symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision
27070	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial		
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)		
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis		
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum		
27077	Radical resection of tumor; innominate bone, total		
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur		
		27080	Coccygectomy, primary
		27086	Removal of foreign body, pelvis or hip; subcutaneous tissue
		27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27090	Removal of hip prosthesis; (separate procedure)		
27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer		
		27097	Release or recession, hamstring, proximal
		27098	Transfer, adductor to ischium
		27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)
		27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
		27110	Transfer iliopsoas; to greater trochanter of femur
		27111	Transfer iliopsoas; to femoral neck
27120	Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)		
27122	Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)		
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft		
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft		
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft		
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft		
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)		
27146	Osteotomy, iliac, acetabular or innominate bone;		
27147	Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip		
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy		
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip		
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)		
27161	Osteotomy, femoral neck (separate procedure)		
27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast		
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)		
27175	Treatment of slipped femoral epiphysis; by traction, without reduction		
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ		
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)		
27178	Open treatment of slipped femoral epiphysis; closed	27179	Open treatment of slipped femoral epiphysis;

	manipulation with single or multiple pinning		osteoplasty of femoral neck (Heyman type procedure)
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation		
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur		
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur		
		27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation
		27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)
		27200	Closed treatment of coccygeal fracture
		27202	Open treatment of coccygeal fracture
27222	Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction	27220	Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
27226	Open treatment of posterior or anterior acetabular wall fracture, with internal fixation		
27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation		
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation		
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage		
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage		
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	27246	Closed treatment of greater trochanteric fracture, without manipulation
27253	Open treatment of hip dislocation, traumatic, without internal fixation	27250	Closed treatment of hip dislocation, traumatic; without anesthesia
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
		27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia
		27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27268	Closed treatment of femoral fracture, proximal end,	27267	Closed treatment of femoral fracture, proximal end,

	head; with manipulation		head; without manipulation
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed		
		27275	Manipulation, hip joint, requiring general anesthesia
27280	Arthrodesis, sacroiliac joint (including obtaining graft)		
27282	Arthrodesis, symphysis pubis (including obtaining graft)		
27284	Arthrodesis, hip joint (including obtaining graft);		
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy		
27290	Interpelviabdominal amputation (hindquarter amputation)		
27295	Disarticulation of hip	27299	Unlisted procedure, pelvis or hip joint
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration		
49014	Re-exploration of pelvic wound with removal of preperitoneal packing, including repacking, when performed	G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)

Thigh/Knee – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
		27305-27350	Thigh or knee procedures, represented by codes: 27305, 27306, 27307, 27310, 27323, 27324, 27325, 27326, 27327, 27328, 27329, 27330, 27331, 27332, 27333, 27334, 27335, 27337, 27339, 27340, 27345, 27347, 27350
		27355	Excision or curettage of bone cyst or benign tumor of femur;
		27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft
		27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
		27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27365	Radical resection of tumor, femur or knee	27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater
		27372-27435	Thigh or knee procedure, presented by codes: 27372, 27380, 27381, 27385, 27386, 27390, 27391, 27392, 27393, 27394, 27395, 27396, 27397, 27400, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27430, 27435
		27437	Arthroplasty, patella; without prosthesis
		27438	Arthroplasty, patella; with prosthesis
		27440	Arthroplasty, knee, tibial plateau;
		27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
		27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;
		27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
		27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)	27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)
27448	Osteotomy, femur, shaft or supracondylar; without fixation		
27450	Osteotomy, femur, shaft or supracondylar; with fixation		
27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)		
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal		

	closure		
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure		
27465	Osteoplasty, femur; shortening [excluding 64876, Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)]		
27466	Osteoplasty, femur; lengthening		
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer		
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)		
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)		
		27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur
		27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal
		27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula
		27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)
27486	Revision of total knee arthroplasty, with or without allograft; 1 component		
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component		
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee		
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur		
		27496-27499	Decompression fasciotomy, thigh and/or knee, 1 or more compartments, with or without debridement of nonviable muscle and/or nerve. Codes: 27496, 27497, 27498, 27499
		27500	Closed treatment of femoral shaft fracture, without manipulation
		27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
		27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
		27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed		
27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed		
		27516	Closed treatment of distal femoral epiphyseal separation; without manipulation
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction
		27520	Closed treatment of patellar fracture, without manipulation
		27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and

			soft tissue repair
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	27550	Closed treatment of knee dislocation; without anesthesia
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	27552	Closed treatment of knee dislocation; requiring anesthesia
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction		
		27560	Closed treatment of patellar dislocation; without anesthesia
		27562	Closed treatment of patellar dislocation; requiring anesthesia
		27566	Open treatment of patellar dislocation, with or without partial or total patellectomy
		27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27580	Arthrodesis, knee, any technique		
27590	Amputation, thigh, through femur, any level;		
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast		
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27596	Amputation, thigh, through femur, any level; re-amputation		
27598	Disarticulation at knee	27599	Unlisted procedure, femur or knee

Lower Leg/Ankle – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
20838	Replantation, foot, complete amputation	0335T	Extra-osseous subtalar joint implant for talotarsal stabilization
20955	Bone graft with microvascular anastomosis; fibula		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe		
		27600-27638	Lower leg procedures, represented by codes: 27600, 27601, 27602, 27603, 27604, 27605, 27606, 27607, 27610, 27612, 27613, 27614, 27615, 27616, 27618, 27619, 27620, 27625, 27626, 27630, 27632, 27634, 27635, 27637, 27638
		27640	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia
		27641	Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula
27645	Radical resection of tumor; tibia		
27646	Radical resection of tumor; fibula	27647	Radical resection of tumor; talus or calcaneus
		27650-27698	Lower leg procedures, represented by codes: 27650, 27652, 27654, 27656, 27658, 27659, 27664, 27665, 27675, 27676, 27680, 27681, 27685, 27686, 27687, 27690, 27691, 27695, 27696, 27698
		27700	Arthroplasty, ankle;
27703	Arthroplasty, ankle; revision, total ankle	27702	Arthroplasty, ankle; with implant (total ankle)
		27704	Removal of ankle implant
		27705	Osteotomy; tibia
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	27707	Osteotomy; fibula
27715	Osteoplasty, tibia and fibula, lengthening or shortening	27709	Osteotomy; tibia and fibula
27724	Repair of nonunion or malunion, tibia; with iliac or	27720	Repair of nonunion or malunion, tibia; without graft,

	other autograft (includes obtaining graft)		(eg, compression technique)
27725	Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method	27722	Repair of nonunion or malunion, tibia; with sliding graft
27727	Repair of congenital pseudarthrosis, tibia	27726	Repair of fibula nonunion and/or malunion with internal fixation
			Lower leg or ankle procedures, represented by codes: 27730, 27732, 27734, 27740, 27742, 27745, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27767, 27768, 27769, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 27829, 27830, 27831, 27832, 27840, 27842, 27846, 27848, 27860, 27870, 27871, 27892, 27893, 27894, 27899, 28430, 28435, 28436, 28445, 28446
27880	Amputation, leg, through tibia and fibula;		
27881	Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast		
27882	Amputation, leg, through tibia and fibula; open, circular (guillotine)	27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27886	Amputation, leg, through tibia and fibula; re-amputation		
27888	Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves	27889	Ankle disarticulation

Foot – Excluding Arthroscopic

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0510T	Removal of sinus tarsi implant
		0511T	Removal and reinsertion of sinus tarsi implant
20838	Replantation, foot, complete amputation		
20957	Bone graft with microvascular anastomosis; metatarsal		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal		
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal
		20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space
		28001-28760	Foot procedures represented by codes: 28001, 28002, 28003, 28005, 28008, 28010, 28011, 28020, 28022, 28024, 28035, 28039, 28041, 28043, 28045, 28046, 28047, 28050, 28052, 28054, 28055, 28060, 28062, 28070, 28072, 28080, 28086, 28088, 28090, 28092, 28100, 28102, 28103, 28104, 28106, 28107, 28108, 28110, 28111, 28112, 28113, 28114, 28116, 28118, 28119, 28120, 28122, 28124, 28126, 28130, 28140, 28150, 28153, 28160, 28171, 28173, 28175, 28190, 28192, 28193, 28200, 28208, 28210, 28220, 28222, 28225, 28226, 28230, 28232, 28234, 28238, 28240, 28250, 28260, 28261, 28262, 28264, 28270, 28272, 28280, 28285, 28286, 28288, 28289, 28291, 28292, 28295, 28296, 28297, 28298, 28299, 28300, 28302, 28304, 28305, 28306, 28307, 28308, 28309, 28310, 28312, 28313, 28315, 28320, 28322, 28340, 28341, 28344, 28345, 28360, 28400, 28405, 28406, 28415, 28420, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485, 28490, 28495, 28496, 28505, 28510, 28515, 28525, 28530, 28531, 28540, 28545, 28546, 28555, 28570, 28575, 28576, 28585, 28600, 28605, 28606, 28615, 28630, 28635, 28636, 28645, 28660, 28665, 28666, 28675, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760
28800	Amputation, foot; midtarsal (eg, Chopart type procedure)	28805	Amputation, foot; transmetatarsal
		28810	Amputation, metatarsal, with toe, single
		28820	Amputation, toe; metatarsophalangeal joint
		28825	Amputation, toe; interphalangeal joint
		28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local,

			including ultrasound guidance, involving the plantar fascia
		28899	Unlisted procedure, foot or toes

Miscellaneous Orthopaedic Surgery

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy
		0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle
		0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
		0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtraumatic fracture), including imaging guidance and arthroscopic assistance for joint visualization
		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
		20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel
		20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)
		20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")
		20551	Injection(s); single tendon origin/insertion
		20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)
		20553	Injection(s); single or multiple trigger point(s), 3 or more muscle(s)
		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)
		20600-20604	Arthrocentesis, aspiration and/or injection; small joint or bursa (eg, fingers, toes); with or without ultrasound guidance; codes 20600, 20604
		20605-20606	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with or without ultrasound guidance; codes 20605, 20606
		20610-20611	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa); with or without ultrasound guidance; codes 20610, 20611
		20612	Aspiration and/or injection of ganglion cyst(s) any location
		20615	Aspiration and injection for treatment of bone cyst
		20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
		20660	Application of cranial tongs, caliper, or stereotactic

			frame, including removal (separate procedure)
		20662	Application of halo, including removal; pelvic
		20663	Application of halo, including removal; femoral
		20665	Removal of tongs or halo applied by another individual
		20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)
		20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
		20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system
		20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
		20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])
		20694	Removal, under anesthesia, of external fixation system
		20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)
		20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each
		20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)
		20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)
		20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)
		20950	Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
		20982-20983	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis), percutaneous, including computed tomographic guidance; radiofrequency or cryoablation; codes 20982, 20983
		20999	Unlisted procedure, musculoskeletal system, general
		G0465	Autologous platelet rich plasma (prp) for diabetic chronic wounds/ulcers, using an fda-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all other preparatory procedures, per treatment)