

## 2024 Plastic Surgery: Is the Procedure 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 Plastic Surgery Procedures on the Face and Neck not listed here, try the ENT or OMFS Lists***

### ***Skin Graft and other Tissue Graft Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less
		15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
		15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
		15110-15115	Epidermal autograft, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children; codes 15110, 15115
		15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
		15130-15135	Dermal autograft, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children; codes 15130, 15135
		15150-15155	Tissue cultured skin autograft, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 25 sq cm or less; codes 15150, 15155
		15200-15260	Full thickness graft, free, including direct closure of donor site, trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet, nose, ears, eyelids, or lips; 20 sq cm or less; codes 15200, 15220, 15240, 15260
		15271-15277	Application of skin substitute graft to trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; codes 15271, 15273, 15275, 15277
		15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)
		15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
		15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
		15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
		15770	Graft; derma-fat-fascia
		15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50cc or less injectate
		15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arm and/or legs; each additional 50 cc injectate, or part thereof (List

			separately in addition to code for primary procedure)
		15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands and/or feet; 25cc or less injectate
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	15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, nec, ears, orbits, genitalia, hands and/or feet; each additional 25 cc injectate, or part thereof (List separate in addition to code for primary procedure)
		15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
		15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
		20900	Bone graft, any donor area; minor or small (eg, dowel or button)
		20902	Bone graft, any donor area; major or large
		20910	Cartilage graft; costochondral
		20912	Cartilage graft; nasal septum
		20920	Fascia lata graft; by stripper
		20922	Fascia lata graft; by incision and area exposure, complex or sheet
		20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20955	Bone graft with microvascular anastomosis; fibula		
20956	Bone graft with microvascular anastomosis; iliac crest		
20957	Bone graft with microvascular anastomosis; metatarsal		
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal		
		C5271 - C5278	Application of low cost skin substitute graft to trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits (list separately in addition to code for primary procedure); codes C5271, C5272, C5273, C5274, C5275, C5276, C5277, C5278

**Flap/Tissue Transfer Procedures (excluding breast and when flap not primary procedure)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		14000-14061	Adjacent tissue transfer or rearrangement, trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hand, feet, eyelids, nose, ears, or lips; defect up to 30 sq cm; codes 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061
		14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
		14350	Filletted finger or toe flap, including preparation of recipient site
		15570-15576	Formation of direct or tubed pedicle, with or without transfer; trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, feet, eyelids, nose, ears, lips, or intraoral; codes 15570, 15572, 15574, 15576
		15600-15630	Delay of flap or sectioning of flap (division and inset); at trunk, scalp, arms, legs, forehead, cheeks, chin, neck, axillae, genitalia, hands, feet, eyelids, nose, ears, or lips; codes 15600, 15610, 15620, 15630
		15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
		15731	Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)
		15734-15738	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae), trunk, upper or lower extremity; codes 15734, 15736, 15738
		15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15756	Free muscle or myocutaneous flap with microvascular anastomosis	15750	Flap; neurovascular pedicle
15757	Free skin flap with microvascular anastomosis	15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15758	Free fascial flap with microvascular anastomosis	15845	Graft for facial nerve paralysis; regional muscle transfer
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or	20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal

	great toe		
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space

### "Cosmetic" Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
		0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)
		15775	Punch graft for hair transplant; 1 to 15 punch grafts
		15776	Punch graft for hair transplant; more than 15 punch grafts
		15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
		15781	Dermabrasion; segmental, face
		15782	Dermabrasion; regional, other than face
		15783	Dermabrasion; superficial, any site (eg, tattoo removal)
		15786	Abrasion; single lesion (eg, keratosis, scar)
		15788	Chemical peel, facial; epidermal
		15789	Chemical peel, facial; dermal
		15792	Chemical peel, nonfacial; epidermal
		15793	Chemical peel, nonfacial; dermal
		15819	Cervicoplasty
		15820	Blepharoplasty, lower eyelid;
		15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
		15822	Blepharoplasty, upper eyelid;
		15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
		15824	Rhytidectomy; forehead
		15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
		15826	Rhytidectomy; glabellar frown lines
		15828	Rhytidectomy; cheek, chin, and neck
		15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
		17340	Cryotherapy (CO2 slush, liquid N2) for acne
		17360	Chemical exfoliation for acne (eg, acne paste, acid)
		17380	Electrolysis epilation, each 30 minutes
		17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
		30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
		30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
		30420	Rhinoplasty, primary; including major septal repair
		30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
		30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
		30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
		30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
		30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
		36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
		36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
		36470	Injection of sclerosing solution; single vein
		36471	Injection of sclerosing solution; multiple veins, same leg
		G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)

## Breast Procedures

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative
		0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred
		0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative
		0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred
		0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral
		19000	Puncture aspiration of cyst of breast;
		19020	Mastotomy with exploration or drainage of abscess, deep
		19081-19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic, ultrasound, or magnetic resonance guidance; codes 19081, 19083, 19085
		19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
		19101	Biopsy of breast; open, incisional
		19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
		19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
		19112	Excision of lactiferous duct fistula
		19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
		19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
		19281-19287	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic, stereotactic, ultrasound, or magnetic resonance guidance; codes 19281, 19283, 19285, 19287
		19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy
		19296-19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with or on date separate from partial mastectomy; codes 19296, 19297.
		19298	Placement of radiotherapy afterloading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
		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
		19316	Mastopexy
		19318	Reduction mammoplasty
		19325	Mammoplasty, augmentation; with prosthetic implant
		19328	Removal of intact mammary implant
		19330	Removal of mammary implant material
		19340	Immediate insertion of breast prosthesis following

			mastopexy, mastectomy or in reconstruction
		19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
		19350	Nipple/areola reconstruction
		19355	Correction of inverted nipples
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19364	Breast reconstruction with free flap		
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;		
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)		
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	19370	Open periprosthetic capsulotomy, breast
		19371	Periprosthetic capsulectomy, breast
		19380	Revision of reconstructed breast
		19396	Preparation of moulage for custom breast implant
		19499	Unlisted procedure, breast
		21601	Excision of chest wall tumor including rib(s)

### **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

**Excision Procedures (excludes Pressure Ulcer)**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11055-11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); codes 11055, 11056, 11057
		11102-11107	Biopsy of skin, tangential, punch, or incisional, single or additional lesions
		11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
		11300-11313	Shaving of epidermal or dermal lesion, single lesion, trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, lips, or mucous membrane; codes 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313
		11400-11446	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, lips, or mucous membrane; codes 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446
		11450-11471	Excision of skin and subcutaneous tissue for hidradenitis; axillary, inguinal, perianal, perineal, or umbilical; with simple, intermediate or complex repair; codes 11450, 11451, 11462, 11463, 11470, 11471
		11600-11646	Excision, malignant lesion including margins, trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, or lips; codes 11600, 11601, 11602, 11603, 11604, 11606, 11620, 11621, 11622, 11623, 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646
		11770-11772	Excision of pilonidal cyst or sinus; simple, extensive, or complicated; codes 11770, 11771, 11772
		15002-15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, or multiple digits; first 100 sq cm or 1% of body area of infants and children; codes 15002, 15004
		15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
		15832-15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh, let, hip, buttock, arm, forearm, hand, submental fat pad, other area; codes 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839
		15876-15879	Suction assisted lipectomy; head, neck, trunk, upper or lower extremity; codes 15876, 15877, 15878, 15879
		17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and

			histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
		17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks
		20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision
		21920	Biopsy, soft tissue of back or flank; superficial
		21925	Biopsy, soft tissue of back or flank; deep
		21930-21933	Excision, tumor, soft tissue of back or flank, subcutaneous or subfascial (eg, intramuscular); codes 21930, 21931, 21932, 21933
		21935-21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; codes 21935, 21936

### ***Pressure Ulcer Excision Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture
		15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
		15931	Excision, sacral pressure ulcer, with primary suture;
		15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy
		15934	Excision, sacral pressure ulcer, with skin flap closure;
		15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
		15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
		15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
		15940	Excision, ischial pressure ulcer, with primary suture;
		15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
		15944	Excision, ischial pressure ulcer, with skin flap closure;
		15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
		15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
		15950	Excision, trochanteric pressure ulcer, with primary suture;
		15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
		15952	Excision, trochanteric pressure ulcer, with skin flap closure;
		15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
		15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
		15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
		15999	Unlisted procedure, excision pressure ulcer

### ***Destruction of Lesion Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0419T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata
		0420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and

			extremities, extensive, greater than 100 neurofibromata
		17000-17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); codes 17000, 17003, 17004
		17106-17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); codes 17106, 17107, 17108
		17110-17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; codes 17110, 17111
		17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
		17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
		17261-17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; codes 17261, 17262, 17263, 17264, 17266
		17270-17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter; codes 17270, 17271, 17272, 17273, 17274, 17276
		17280-17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; codes 17280, 17281, 17282, 17283, 17284, 17286

### **Wound Repair/Therapy Procedures**

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0512T-0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound and additional wounds
		12001-12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); codes 12001, 12002, 12004, 12005, 12006, 12007
		12011-12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; codes 12011, 12013, 12014, 12015, 12016, 12017, 12018
		12020	Treatment of superficial wound dehiscence; simple closure
		12021	Treatment of superficial wound dehiscence; with packing
		12031-12057	Repair, intermediate, wounds of scalp, axillae, trunk, extremities, neck, hands, feet, external genitalia, face, ears, eyelids, nose, lips, or mucous membranes; codes 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057
		13100-13152	Repair, complex, trunk, scalp, arms, legs, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hand, feet, eyelids, nose, ears, or lips; up to 7.5 cm; codes 13100, 13101, 13120, 13121, 13131, 13132, 13151, 13152
		13160	Secondary closure of surgical wound or dehiscence, extensive or complicated
		97605-97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; codes 97605, 97606
		97607-97608	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; codes 97607, 97608
		97610	Low frequency, non-contact, non-thermal ultrasound,

			including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
		G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment

### ***Nervous System Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
		0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
		0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (e.g., brachial plexus, pudendal nerve)
		0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
		64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
		64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed
		64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed
		64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
		64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
		64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
		64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
		64611	Chemodeneration of parotid and submandibular salivary glands, bilateral
		64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
		64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
		64616	Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)
		64617	Chemodeneration of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
		64620	Destruction by neurolytic agent, intercostal nerve
		64630	Destruction by neurolytic agent; pudendal nerve
		64632	Destruction by neurolytic agent; plantar common digital nerve
		64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
		64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
		64640	Destruction by neurolytic agent; other peripheral nerve or branch
		64642	Chemodeneration of one extremity; 1-4 muscle(s)
		64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
		64644	Chemodeneration of one extremity; 5 or more muscle(s)

		64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)
		64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
		64647	Chemodenervation of trunk muscle(s); 6 or more muscle(s)
		64650	Chemodenervation of eccrine glands; both axillae
		64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
		64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
		64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
		64702	Neuroplasty; digital, 1 or both, same digit
		64704	Neuroplasty; nerve of hand or foot
		64708-64714	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve, brachial plexus, lumbar plexus, or other; codes 64708, 64712, 64713, 64714
		64716-64721	Neuroplasty and/or transposition; cranial nerve, ulnar nerve at elbow, ulnar nerve at wrist, median nerve at carpal tunnel; codes 64716, 64718, 64719, 64721
		64722	Decompression; unspecified nerve(s) (specify)
		64726	Decompression; plantar digital nerve
		64732	Transection or avulsion of; supraorbital nerve
		64734	Transection or avulsion of; infraorbital nerve
		64736	Transection or avulsion of; mental nerve
		64738	Transection or avulsion of; inferior alveolar nerve by osteotomy
		64740	Transection or avulsion of; lingual nerve
		64742	Transection or avulsion of; facial nerve, differential or complete
		64744	Transection or avulsion of; greater occipital nerve
		64746	Transection or avulsion of; phrenic nerve
64755	Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)		
64760	Transection or avulsion of; vagus nerve (vagotomy), abdominal		
		64763	Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy
		64766	Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy
		64771	Transection or avulsion of other cranial nerve, extradural
		64772	Transection or avulsion of other spinal nerve, extradural
		64774-64786	Excision of neuroma; cutaneous nerve, digital nerve, other hand or foot nerve, sciatic nerve, or major peripheral nerve; codes 64774, 64776, 64782, 64784, 64786
		64788-64792	Excision of neurofibroma or neurolemmoma; cutaneous nerve, major peripheral nerve, or extensive (including malignant type); codes 64788, 64790, 64792
		64795	Biopsy of nerve
		64802	Sympathectomy, cervical
64809	Sympathectomy, thoracolumbar	64804	Sympathectomy, cervicothoracic
64818	Sympathectomy, lumbar	64820	Sympathectomy; digital arteries, each digit
		64821	Sympathectomy; radial artery
		64822	Sympathectomy; ulnar artery
		64823	Sympathectomy; superficial palmar arch
		64831	Suture of digital nerve, hand or foot; 1 nerve
		64834-64865	Suture of 1 nerve; hand or foot common sensory nerve, median motor thenar nerve, ulnar motor nerve, tibial nerve, sciatic nerve, brachial plexus nerve, lumbar plexus nerve, extracranial facial nerve, infratemporal facial nerve (with or without grafting), other major peripheral nerve arm or leg (with or without transposition); codes 64834, 64835, 64836, 64840, 64856, 64857, 64858, 64861, 64862, 64864, 64865
64866	Anastomosis; facial-spinal accessory		
64868	Anastomosis; facial-hypoglossal		
		64885-64898	Nerve graft (includes obtaining graft), head, neck, hand, foot, arm, leg; single strand or multiple strands

			(cable); codes 64885, 64886, 64890, 64891, 64892, 64893, 64895, 64896, 64897, 64898
		64905	Nerve pedicle transfer; first stage
		64907	Nerve pedicle transfer; second stage
		64910	Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
		64911	Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve
		64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)
		64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
		64999	Unlisted procedure, nervous system

### ***Nail Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		11719	Trimming of nondystrophic nails, any number
		11720	Debridement of nail(s) by any method(s); 1 to 5
		11721	Debridement of nail(s) by any method(s); 6 or more
		11730	Avulsion of nail plate, partial or complete, simple; single
		11740	Evacuation of subungual hematoma
		11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;
		11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)
		11760	Repair of nail bed
		11762	Reconstruction of nail bed with graft
		11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)
		G0127	Trimming of dystrophic nails, any number

### ***Other Plastic Surgery Procedures***

Inpatient Only Procedure		Not an Inpatient Only Procedure	
		0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
		0479T-0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm <sup>2</sup> or part thereof, or 1% of body surface area of infants and children, initial or each additional 100 cm <sup>2</sup> , or each additional 1% of body surface area of infants or children, or part thereof.
		0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed
		11900	Injection, intralesional; up to and including 7 lesions
		11901	Injection, intralesional; more than 7 lesions
		11920-11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; up to 20 sq cm; codes 11920, 11921
		11950-11954	Subcutaneous injection of filling material (eg, collagen); codes 11950, 11951, 11952, 11954.
		11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
		11970	Replacement of tissue expander with permanent prosthesis
		11971	Removal of tissue expander(s) without insertion of prosthesis
		15851	Removal of sutures under anesthesia (other than local), other surgeon
		15852	Dressing change (for other than burns) under anesthesia (other than local)
		15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft

		16000	Initial treatment, first degree burn, when no more than local treatment is required
		G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement