

Co-surgery

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Co-surgeons are defined as two (2) or more surgeons, working together simultaneously as primary surgeons, to perform distinct parts of an operative procedure, during the same operative session.

DEFINITIONS

Highmark Health Options(HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

POLICY POSITION

1. Delaware state mandate

Effective January 1, 2000, the Delaware Department of Insurance adopted Regulation 1312 (formerly Regulation 83), which sets standards of payment for surgical assistants (including co-surgeons). It is important to note that the Delaware Regulation requires carriers to apply Medicare rules in determining whether surgical assistants and co-surgeons are eligible for reimbursement.

Co-surgery is not the same as team surgery. Team surgery is defined as two (2) or more doctors, usually with different skills and of different specialties, working together to carry-out various procedures of a complicated surgery.

- When two (2) surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report their distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code.

- Co-surgery is eligible per procedure, not per operative session. This means that the performance of co-surgery at one (1) procedure during an operative session for multiple procedures does not qualify all procedures performed during that session as co-surgery. Only those procedures in which the surgeon actually performs a portion of the procedure will be considered co-surgery. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62. Multiple surgery guidelines are also applied to these procedures.
- The surgical procedure may be medically necessary for two (2) surgeons to act as co-surgeons.

The procedure codes listed on the Table Attachment are based on the Medicare Physician Fee Schedule Data Base (MPFSDB) and may be considered eligible co-surgery procedures when reported with the primary modifier 62 – two (2) surgeons.

2. Co-surgeon indicator look-up

Information regarding coverage for co-surgery can be found on the CMS website listed below:

- Paste the following to web browser: <http://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>;
- Accept the terms;
- Select the correct year, and then select the radio button for "Payment Policy Indicators";
- Select the radio button for "Single HCPCS Code";
- Enter the code and select the option "All Modifiers";
- Select Submit;
- Scroll down to view the Assistant Surgery, Multiple Surgery, Co-Surgery, or Global indicator(s). Definitions for each value are provided below.

Co-surgeon indicators	
0	Co-surgeons not permitted for this procedure.
1	Co-surgeons could be paid, though supporting documentation is required to establish the medical necessary of two surgeons for the procedure.
2	Co-surgeons permitted and no documentation required if the two-specialty requirement is met.
9	Concept does not apply.

PROCEDURE CODES

CPT Code	Description
15756	Free muscle or myocutaneous flap with microvascular anastomosis.
15757	Free skin flap with microvascular anastomosis.
15758	Free fascial flap with microvascular anastomosis.
21344	Open treatment of complicated (e.g., comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches.
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft).
21366	Open treatment of complicated (e.g., comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft).
21408	Open treatment of fracture of orbit, except "blowout", with bone grafting (includes obtaining graft).

21423	Open treatment of palatal or maxillary fracture (lefort i type); complicated (comminuted or involving cranial nerve foramina), multiple approaches.
21436	Open treatment of craniofacial separation (lefort iii type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft).
22318	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting.
22319	Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting.
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic.
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar.
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (list separately in addition to code for primary procedure).
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-c1-c2 (atlas-axis), with or without excision of odontoid process.
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2.
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below c2, each additional interspace (list separately in addition to code for separate procedure).
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below c2.
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic.
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar.
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (list separately in addition to code for primary procedure).
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance includes bone graft when performed, l5-s1 interspace.
22590	Arthrodesis, posterior technique, craniocervical (occiput-c2).
22595	Arthrodesis, posterior technique, atlas-axis (c1-c2).
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below c2 segment.
22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed).
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar ((with lateral transverse technique, when performed).
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (list separately in addition to code for primary procedure).
22630	Arthrodesis, posterior or interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar.
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (list separately in addition to code for primary procedure).

22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar.
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (list separately in addition to code for primary procedure).
22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments.
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments.
22842	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (list separately in addition to code for primary procedure).
22843	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (list separately in addition to code for primary procedure).
22844	Posterior segmental instrumentation (e.g., pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (list separately in addition to code for primary procedure).
22845	Anterior instrumentation; 2 to 3 vertebral segments (list separately in addition to code for primary procedure).
22846	Anterior instrumentation; 4 to 7 vertebral segments (list separately in addition to code for primary procedure).
22847	Anterior instrumentation; 8 or more vertebral segments (list separately in addition to code for primary procedure).
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (list separately in addition to code for primary procedure).
22853	Insertion of interbody biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges) when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (list separately in addition to code for primary procedure).
22854	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g., screws, flanges) when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (list separately in addition to code for primary procedure).
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical.
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace lumbar.
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure).
22859	Insertion of intervertebral biomechanical device(s) (e.g., synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis each continuous defect (list separately in addition to code for primary procedure).
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical.

22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar.
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical.
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar.
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure).
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure).
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(ies), when performed; with proximal humeral prosthetic replacement.
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure).
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws.
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension.
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (galeazzi fracture/dislocation), includes percutaneous skeletal fixation, when performed.
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (galeazzi fracture/dislocation), includes percutaneous skeletal fixation, when performed, includes repair of triangular fibrocartilage complex.
25574	Open treatment of radial and ulnar shaft fractures, with internal fixation, when performed; of radius or ulna.
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 (i.e., general anesthesia, moderate sedation, spinal/epidural).
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.
27245	Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage.
27497	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve.
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments.
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve.
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage.
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed.

27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed.
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed.
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction.
27759	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage.
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation when performed ; of fibula only.
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation when performed ; of tibia only.
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (e.g., pilon or tibial plafond), with internal fixation when performed; of both tibia and fibula.
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed.
28531	Open treatment of sesamoid fracture, with or without internal fixation.
28636	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation .
28666	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation.
29850	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy).
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) with internal or external fixation (includes arthroscopy).
29855	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy).
29856	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy).
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.
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial.
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular.
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular.
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator testing of existing lead insertion of new lead, insertion of new pulse generator).
33236	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular.
33237	Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system.
33238	Removal of permanent transvenous electrode(s) by thoracotomy.
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (e.g., fluoroscopy, venous ultrasound ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed.

33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach.
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach.
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach.
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach.
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (e.g., median sternotomy, mediastinotomy).
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (e.g., left thoracotomy).
33501	Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardio-pulmonary bypass.
33768	Anastomosis, cavopulmonary, second superior vena cava (list separately in addition to primary procedure).
33800	Aortic suspension (aortopexy) for tracheal decompression (e.g., for tracheomalacia) (separate procedure).
33875	Descending thoracic aorta graft, with or without bypass.
33877	Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass.
33880	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin.
33881	Endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin.
33883	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer intramural hematoma, or traumatic disruption); initial extension.
33884	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer intramural hematoma, or traumatic disruption); each additional proximal extension (list separately in addition to code for primary procedure).
33886	Placement of distal extension prosthesis (s) delayed after endovascular repair of descending thoracic aorta.
33889	Open subclavian to carotid artery transportation performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral.
33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta by neck incision.
34701	Endovascular repair of infrarenal aorta by deployment of an aorta-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endographic extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer).
34702	Endovascular repair of infrarenal aorta by deployment of an aorta-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endographic extension(s)

	placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm).
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection all nonselective catheterization(s) all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer).
34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection all nonselective catheterization(s) all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion when performed (e.g., for aneurysm).
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection all nonselective catheterization(s) all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, penetrating ulcer).
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection all nonselective catheterization(s) all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (e.g., for aneurysm).
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s) all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (e.g., for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation).
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s) all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and or iliac balloon occlusion, when performed (e.g., for aneurysm, pseudoaneurysm dissection arteriovenous malformation).
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s) all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (list separately in addition to code for primary procedure).

34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s) all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated.
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s) all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (list separately in addition to code for primary procedure).
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (e.g., anchor, screw, tack) and all associated radiological supervision and interpretation.
34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 french or larger), including ultrasound guidance when performed unilateral (list separately in addition to code for primary procedure).
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision unilateral (list separately in addition to code for primary procedure).
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure).
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass by infraclavicular or supraclavicular incision, unilateral (list separately in addition to code for primary procedure).
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (e.g., for aneurysm).
34718	Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed for other than.
34808	Endovascular placement of iliac artery occlusion device (list separately in addition to code for primary procedure).
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (list separately in addition to code for primary procedure).
34813	Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (list separately in addition to code for primary procedure).
34820	Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (list separately in addition to code for primary procedure).
34830	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair, tube prosthesis.
34831	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair, aorto-bi-iliac prosthesis.

34832	Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair, aorto-bifemoral prosthesis.
34833	Open Iliac artery exposure with creation of conduit for delivery of aortic or iliac endovascular prosthesis, by abdominal or retroperitoneal incision unilateral.
34834	Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (list separately in addition to code for primary procedure).
34841	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery).
34842	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including two visceral artery endoprostheses (superior mesenteric, celiac or renal artery).
34843	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including three visceral artery endoprostheses (superior mesenteric, celiac or renal artery).
34844	Endovascular repair of visceral aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac or renal artery).
34845	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery).
34846	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including two visceral artery endoprostheses (superior mesenteric, celiac or renal artery).
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including three visceral artery endoprostheses (superior mesenteric, celiac or renal artery).
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (e.g., aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac or renal artery).
35697	Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (list separately in addition to code for primary procedure).

37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, nonintracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel.
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, nonintracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (list separately in addition to code for primary mechanical thrombectomy procedure).
37186	Secondary percutaneous transluminal mechanical thrombectomy (e.g., nonprimary mechanical, snare basket, suction technique), noncoronary, nonintracranial arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (list separately in addition to code for primary procedure).
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance.
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy.
38570	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple.
38571	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy.
38572	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple.
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed.
43112	Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagostomy, with or without pyloroplasty (i.e., mckeown esophagectomy or tri-incisional esophagectomy)
43113	Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including bowel mobilization preparation and anastomosis(es).
43117	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagostomy, with or without pyloroplasty (ivor lewis).
43118	Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including bowel mobilization preparation and anastomosis(es).
43121	Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy; with thoracic esophagostomy, with or without pyloroplasty.
43231	Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination.
43232	Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s).
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube.
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laproscopic pyloric procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagostomy (i.e., laparoscopic thoracoscopic esophagectomy, ivor lewis esophagectomy).
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laporoscopic proximal gastrectomy With

	laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (i.e., thoracoscopic, laparoscopic and cervical incision esophagectomy, mckeown esophagectomy, tri-incisional esophagectomy).
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty.
44970	Laparoscopy, surgical, appendectomy.
48554	Transplantation of pancreatic allograft.
48556	Removal of transplanted pancreatic allograft.
49321	Laparoscopy, surgical; with biopsy (single or multiple).
49322	Laparoscopy, surgical, abdomen, peritoneum, and omentum; with aspiration of cavity or cyst (e.g., ovarian cyst) (single or multiple).
49323	Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity.
49324	Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter.
49325	Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed.
49905	Omental flap intra-abdominal (list separately in addition to code for primary procedure).
50230	Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy.
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy.
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy.
50727	Revision or urinary-cutaneous anastomosis (any type urostomy).
50728	Revision or urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia.
50782	Ureteroneocystostomy; anastomosis of duplicated ureter to bladder.
50783	Ureteroneocystostomy; with extensive ureteral tailoring.
56405	Incision and drainage of vulva or perineal abscess.
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion.
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (list separately in addition to code for primary procedure).
56631	Vulvectomy, radical, partial; with unilateral inguofemoral lymphadenectomy.
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy.
56633	Vulvectomy, radical, complete.
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy.
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy.
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure).
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy.
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.
57423	Paravaginal defect repair (including repair of cystocele, if performed); laparoscopic approach.
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and ovary(ies).
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and ovary(ies), with repair of enterocele.
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and ovary(ies).
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and ovary(ies), with repair of enterocele.
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography.

58353	Endometrial ablation, thermal, without hysteroscopic guidance ,
58356	Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed,
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(ies).
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(ies).
58545	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas.
58546	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myoma(s) with total weight greater than 250 grams.
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and/or ovary(ies), if performed.
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less.
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(ies).
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(ies).
58555	Hysteroscopy, diagnostic (separate procedure).
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without d and 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 (e.g., endometrial resection, electrosurgical ablation, thermoblation).
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(ies).
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(ies).
58575	Laparoscopy, surgical with total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral when performed.
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure).
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy).
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, Surgical; with fulguration of oviducts (with or without transection).
58671	Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or falope ring).

58674	Laparoscopy, surgical, ablation of uterine fibroids) including intraoperative ultrasound guidance and monitoring, radiofrequency.
61460	Craniectomy, suboccipital; for section of 1 or more cranial nerves.
61520	Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor.
61526	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor.
61530	Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy.
61531	Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring.
61548	Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonsterotactic.
61581	Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy.
61760	Stereotactic Implantation Of Depth Electrodes into The Cerebrum For Long Term Seizure Monitoring.
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administrating via an external pump; with laminectomy.
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, parial facetectomy, foraminotomy, disectomy and/or excision of herniated intervertebral disc, interspace, lumbar.
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis) 1 or 2 vertebral segments; cervical.
63003	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis) one or two vertebral segments: thoracic.
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis) one or two vertebral segments; lumbar, except for spondylolisthesis.
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy (e.g., spinal stenosis) one or two vertebral segments; sacral.
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of caudia equina and nerve roots for spondylolistesis, lumbar (gill type procedure).
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (e.g., spinal stenosis) more than 2 vertebral segments; cervical.
63016	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (e.g., spinal stenosis) more than 2 vertebral segments; thoracic.
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or disectomy, (e.g., spinal stenosis) more than 2 vertebral segments; lumbar.
63020	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical.
63030	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar.

63035	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disc ; each additional interspace cervical or lumbar (list separately in addition to code for primary procedure).
63040	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, single interspace; cervical.
63042	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, single interspace; lumbar.
63043	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, single interspace; each additional cervical interspace (list separately in addition to code for primary procedure).
63044	Laminectomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy, foraminotomy and/or excision of herniated intervertebral disk, re-exploration, single interspace; each additional lumbar interspace (list separately in addition to code for primary procedure).
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis) single vertebral segment; cervical.
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis) single vertebral segment; thoracic.
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis) single vertebral segment; lumbar.
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root(s), (e.g., spinal or lateral recess stenosis) single vertebral segment; each additional segment, cervical, thoracic, or lumbar (list separately in addition to code for primary procedure).
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments.
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and nonsegmental fixation devices (e.g., wire, suture, mini-plates), when performed .
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace.
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (list separately in addition to code for primary procedure).
63077	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace.
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (list separately in addition to code for primary procedure).
63085	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic ,single segment.
63086	Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (list separately in addition to code for primary procedure).

63087	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment.
63088	Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (list separately in addition to code for primary procedure).
63090	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord cauda equina or nerve root(s) lower thoracic lumbar or sacral; single segment.
63091	Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord cauda equina or nerve root(s) lower thoracic lumbar or sacral; each additional segment (list separately in addition to code for primary procedure).
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure.
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve.

No prior authorization is required.

This policy is applied on a post-payment basis for Professional claims. The services will pay on initial processing and are subject to retrospective review.

Note the following pre-payment applications within the body of the bulletin: This workflow addresses Co-Surgery claims that have denied but according to CMS can be paid with additional documentation to establish medical necessity:

- If indicator is “0” (Co-Surgeon--not approved), advise the provider:
 - Per DE state law we are required to process Co-Surgeon according to CMS guidelines, we have done that and your claim denied because (give portal defense).
- If indicator is “1” (Co- Surgeon--may be paid though supporting documentation required to establish medical necessity):
 - Check Imaging Document Management (IDM) to verify if supporting documentation was submitted with claim.

If yes: advise provider: You have pulled the records submitted with the original claim and will send them for review.

If no: advise provider: Per DE state law we are required to process Co-surgeon according to CMS guidelines, we have done that and your claim denied because (give portal defense). If you feel you have documentation to warrant a Co-Surgeon, please send (details to be worked out).

- Records will be sent to Claims Review (CR) Department for review.
- Once the claim has been reviewed, if an adjustment is needed, you will send a work-order to the Claims Adjustment area for adjustment. When creating this work-order, use the following scripting:

Claim for Co-surgeon reviewed by CR and approved. Please adjust line(s) [?] to pay at benefit level [?].

References

18 Delaware Code, Section 1312, (Formerly Regulation 83). 2000.

Medicare Physician Fee Schedule (MPFS). January 2021.

POLICY UPDATE HISTORY

<Date>	<Event>
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