

BCBST Commercial Musculoskeletal/Pain Management- External Vendor Review

Investigational or Non-Covered

Spine Surgery

Pain Management

Joint Surgery

Discontinued Codes

CPT® CODE	Description	Notes	Effective Date of PA	Term Date of PA
20930	Allograft for spine surgery only morselized		5/1/21	
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)	<i>Investigational Per BCBST Medical Policy</i>	5/1/21	
22206	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic			
22207	Osteotomy of spine, posterior approach, 3 columns, 1 vertebral segment (eg. Pedicle/vertebral body subtraction);lumbar			
22208	Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (list separately in addition to code for primary procedure)			
22210	Osteotomy of spine, posterior or posterolateral approach, one vertebral segment; cervical			
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic			

22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar			
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)			
22220	Osteotomy of spine, including discectomy anterior approach, single vertebral segment; cervical			
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic			
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar			
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)			
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments		5/1/24	
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments		5/1/24	
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed		5/1/24	

22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic			
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral			
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)			
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic			
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar			

22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (e.g., kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)			
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, osteophylectomy 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 interspace; cervical below C2 segment			
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)			
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)			
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)			
22630	Arthrodesis, posterior 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; 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; each additional interspace and segment (List separately in addition to code for primary procedure)			
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments			
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments			
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments			
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments			
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments			
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments			
22830	Exploration of spinal fusion			

22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)			
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)			
22842	Posterior segmental instrumentation (eg, 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 (eg, 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 (eg, 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)			
22849	Reinsertion of spinal fixaton device			
22850	Removal posterior nonsegmental instrumentation		5/1/24	
22852	Removal posterior segmental instrumentation		5/1/24	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)		9/1/17	
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, 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)		9/1/17	
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) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)		9/1/17	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)		9/1/17	
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			
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	<i>Investigational Per BCBST Medical Policy</i>	9/1/17	
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)	<i>Investigational Per BCBST Medical Policy</i>	9/1/17	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	<i>Investigational Per BCBST Medical Policy</i>	9/1/17	
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)	<i>Investigational Per BCBST Medical Policy</i>	9/1/17	
23040	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body			

23044	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body			
23100	Arthrotomy, glenohumeral joint, including biopsy			
23101	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage			
23105	Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy			
23106	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy			
23107	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body			
23120	Claviculectomy; partial			
23125	Claviculectomy; total			
23130	Acromioplasty or acromionectomy, partial with or without coracoacromial ligament release			
23190	Ostectomy of scapula, partial (eg, superior medial angle)			
23195	Resection, humeral head			
23333	Removal of foreign body, shoulder; deep (subfascial or intramuscular)			
23334	Removal of prostheses, includes debridement and synovectomy when performed; humeral or glenoid component			

23335	Removal of prostheses, includes debridement and synovectomy when performed; humeral and glenoid component			
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute			
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic			
23415	Coracoacromial ligament release, with or without acromioplasty			
23420	Reconstruction of complete shoulder (rotator cuff avulsion, chronic (includes acromioplasty)			
23430	Tenodesis of long tendon of biceps			
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty			
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))			
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component			
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component			
23800	Arthrodesis, glenohumeral joint			
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)			
27033	Arthrotomy, hip, including exploration or removal of loose or foreign body			
27090	Removal of hip prosthesis;(separate procedure)			

27091	Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer			
27125	Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis,bipolar arthroplasty)			
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft)			
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft			
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft			
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft			
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft			
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device		5/1/24	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	No longer investigational	5/1/18	

27280	Arthrodesis, open, sacroiliac joint including obtaining bone graft, including instrumentation, when performed	<i>Investigational per BCBST Medical Policy as of 9/11/2016</i>		
27299	Unlisted procedure, pelvis or hip joint			
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies			
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial or lateral			
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral			
27403	Arthrotomy with meniscus repair, knee			
27405	Repair, primary, torn ligament and/or capsule, knee; collateral			
27407	Repair, primary, torn ligament and/or capsule, knee; cruciate			
27409	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments			
27412	Autologous chondrocyte implantation, knee			
27415	Osteochondral allograft, knee, open			
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])			
27428	Ligamentous reconstruction (augmentation), knee; intra-articular (open)			
27429	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular			
27437	Arthroplasty, patella w/o prosthesis		8/1/21	

27438	Arthroplasty, patella with prosthesis			
27440	Arthroplasty, knee tibial plateau			
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy			
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee;			
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy			
27445	Arthroplasty, knee, hinge prosthesis (eg, Walldius type)			
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment			
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)			
27486	Revision of total knee arthroplasty, with or without allograft; one component			
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component			
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee			
27702	Arthroplasty, ankle; with implant (total ankle)		9/1/17	
27703	Arthroplasty, ankle; revision, total ankle		9/1/17	
28446	Open osteochondral autograft, talus		8/1/21	
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy			

29806	Arthroscopy, shoulder, surgical; capsulorrhaphy			
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion			
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body			
29820	Arthroscopy, shoulder, surgical; synovectomy, partial			
29821	Arthroscopy, shoulder, surgical; synovectomy, complete			
29822	Arthroscopy, shoulder, surgical; debridement, limited			
29823	Arthroscopy, shoulder, surgical; debridement, extensive			
29824	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)			
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation			
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (list separately in addition to code for primary procedure)			
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair			
29828	Surgical arthroscopy, shoulder, biceps tenodesis		8/1/21	

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; 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)			
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)			
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body			
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum			
29863	Arthroscopy, hip, surgical; with synovectomy			
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])			
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)			

29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral			
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)			
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage			
29873	Arthroscopy, knee, surgical; with lateral release			
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)			
29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)			
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)			
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)			
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture			
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed			

29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed			
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)			
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)			
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)			
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)			
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion			
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation			
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction			
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction			
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)			
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)			

29916	Arthroscopy, hip, surgical; with labral repair			
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous discectomy, percutaneous laser discectomy)	<i>Investigational per BCBST Medical Policy</i>		
62320	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance		1/1/17	
62321	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (i.e., fluoroscopy or CT)		1/1/17	
62322	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance		1/1/17	

62323	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)		1/1/17	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy			
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy			
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir			
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump			
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming			

62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Investigational Per BCBST Medical Policy	9/1/17	
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, 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 discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic			
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis			
63011	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral			

63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)			
63015	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, 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 discectomy (eg, 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 discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar			
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically- assisted approaches; 1 interspace, cervical			

63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically- assisted approaches; 1 interspace, lumbar			
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically- assisted approaches; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)			
63040	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical			
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar			

<p>63043</p>	<p>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; each additional cervical interspace (List separately in addition to code for primary procedure)</p>			
<p>63044</p>	<p>Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, re-exploration, single interspace; each additional lumbar interspace (List separately in addition to code for primary procedure)</p>			
<p>63045</p>	<p>Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical</p>			
<p>63046</p>	<p>Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic</p>			

63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, 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], [eg, 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 non-segmental fixation devices (eg, wire, suture, mini-plates), when performed)			
63055	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic			

63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)			
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)			
63064	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment			
63066	Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)			
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)			
63081	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment			
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (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)			

63101	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment			
63102	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment			
63103	Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List separately in addition to code for primary procedure)			
63170	Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar			
63172	Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space			
63173	Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space			
63185	Laminectomy with rhizotomy; 1 or 2 segments			

63190	Laminectomy with rhizotomy; more than 2 segments			
63191	Laminectomy with section of spinal accessory nerve			
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic			
63200	Laminectomy, with release of tethered spinal cord, lumbar			
63250	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical			
63251	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic			
63252	Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar			
63265	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical			
63266	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic			
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar			
63268	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral			
63270	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical			

63271	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic			
63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar			
63273	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral			
63275	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical			
63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic			
63277	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar			
63278	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral			
63280	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical			
63281	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic			
63282	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar			
63283	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral			
63285	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical			

63286	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic			
63287	Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar			
63290	Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level			
63295	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)			
63300	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical			
63301	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach			
63302	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach			
63303	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach			

63304	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical			
63305	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach			
63306	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach			
63307	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach			
63308	Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)			
63650	Percutaneous implantation of neurostimulator electrode array, epidural			
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural			
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed			

63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed			
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed			
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed			
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling			
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver			
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level			
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)			
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level			
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level			

64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level			
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)			
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)			
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level			
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)			

64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)			
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)			
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)			
64625	Radiofrequency ablation, nerves innervating sacroiliac joint, with image guidance		8/1/21	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Investigational per BCBST Medical Policy	3/1/22	
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Investigational per BCBST Medical Policy	3/1/22	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint			
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)			

64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint			
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)			
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)		5/1/21	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		5/1/21	
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)		5/1/21	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed			

0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed			
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	Investigational per BCBST Medical Policy		
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level		9/1/17	
0214T	Injection, diagnostic/therapeutic agent paravertebral facet joint w ultrasound guidance, cervical/thoracic; 2nd			
0215T	Injection, diagnostic/therapeutic agent paravertebral facet joint w ultrasound guidance, cervical/thoracic; 3rd			
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level			
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)			

0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)			
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical		5/1/21	
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic		5/1/21	
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar		5/1/21	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)		5/1/21	

0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic		5/1/21	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar	<i>Investigational per BCBST Medical Policy</i>	5/1/21	
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments		3/1/22	
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments		3/1/22	
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into sub		3/1/22	
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed		5/1/21	
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator		5/1/21	
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering,		5/1/21	

	including thoracoscopy, when performed			
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar		4/1/20	
C1737	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components (implantable)		5/1/25	
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee		5/1/21	
J7330	Autologous cultured chondrocytes implant		5/1/21	
L8680	Implantable neurostimulator electrode, each	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8682	Implantable neurostimulator radiofrequency receiver	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		

L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	For Chronic Pain diagnosis only, all other diagnosis handled by BCBST (12/19/2024)		
S2112	Arthroscopy knee surgical harvesting cartilage		5/1/21	
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components		5/1/21	
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	<i>Investigational per BCBST Medical Policy</i>	5/1/21	
DISCONTINUED CODES				

22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical			8/1/21
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic			8/1/21
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar			8/1/21
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)			8/1/21
22110	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment;cervical			8/1/21
22112	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic			8/1/21
22114	Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar			8/1/21
22116	each additional vertebral segment (list separately in addition to code for primary procedure)			8/1/21

22818	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments			8/1/21
22819	Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments			8/1/21
23031	Incision and drainage, shoulder area; infected bursa			11/1/18
23035	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area			11/1/18
23065	Biopsy, soft tissue of shoulder area, superficial			11/1/18
23066	Biopsy, soft tissue of shoulder area, deep			11/1/18
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater			11/1/18
23073	Excision, tumor soft tissue of shoulder area, subfascial (eg. Intramuscular) 5 cm or greater			11/1/18
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm			11/1/18
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg. Intramuscular); less than 5 cm			11/1/18
23077	Radical resection of tumor (eg. Sarcoma), soft tissue of shoulder area; less than 5 cm			11/1/18
23078	Radical resection of tumor (eg. Sarcoma), soft tissue of shoulder area; greater than 5 cm			11/1/18
23140	Excision or curettage of bone cyst or benign tumor of clavicle or scapula			11/1/18

23145	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)			11/1/18
23146	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft			11/1/18
23150	Excision or curettage of bone cyst or benign tumor of proximal humerus			11/1/18
23155	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)			11/1/18
23156	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft			11/1/18
23170	Sequestrectomy (eg., for osteomyelitis or bone abscess), clavicle			11/1/18
23172	Sequestrectomy (eg., for osteomyelitis or bone abscess), scapula			11/1/18
23174	Sequestrectomy (eg.,for osteomyelitis or bone abscess), humeral head to surgical neck			11/1/18
23180	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg. Osteomyelitis), clavicle			11/1/18
23182	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg. Osteomyelitis), scapula			11/1/18
23184	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, Osteomyelitis), proximal humerus			11/1/18
23200	Radical resection of tumor; clavicle			11/1/18
23210	Radical resection of tumor; scapula			11/1/18
23220	Radical resection of tumor, proximal humerus			11/1/18

23330	Removal of foreign body, shoulder;subcutaneous			11/1/18
23350	Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography			11/1/18
23395	Muscle transfer, any type, shoulder or upper arm; single			11/1/18
23397	Muscle transfer, any type, shoulder or upper arm; multiple			11/1/18
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)			11/1/18
23405	Tenotomy, shoulder area; single tendon			11/1/18
23406	Tenotomy, shoulder area; multiple tendons through same incision			11/1/18
23440	Resection or transplantation of long tendon of biceps			11/1/18
23450	Capsulorrhaphy, anterior, Putti-Platt procedure or Magnuson type operation			11/1/18
23455	Capsulorrhaphy, anterior, with labral repair (eg, Bankart procedure)			11/1/18
23460	Capsulorrhaphy, anterior, any type; with bone block			11/1/18
23462	Capsulorrhaphy, anterior, with coracoid process transfer			11/1/18
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block			11/1/18
23466	Capsulorrhaphy, glenohumeral joint, any type multidirectional instability			11/1/18
23480	Osteotomy, clavicle, with or without internal fixation			11/1/18

23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)			11/1/18
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylemathacrylate; clavicle			11/1/18
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylemathacrylate; proximal humerus			11/1/18
23929	Unlisted procedure, shoulder			11/1/18
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma			11/1/18
26991	Incision and drainage, pelvis or hip joint area; infected bursa			11/1/18
26992	Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)			11/1/18
27000	Tenotomy, adductor of hip, percutaneous (separate procedure)			11/1/18
27001	Tenotomy, adductor of hip, open			11/1/18
27003	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy			11/1/18
27005	Tenotomy, hip flexor(s), open (separate procedure)			11/1/18
27006	Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)			11/1/18
27025	Fasciotomy, hip or thigh, any type			11/1/18
27027	Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral			11/1/18
27030	Arthrotomy, hip, with drainage (eg, infection)			11/1/18

27035	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves			11/1/18
27036	Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas)			11/1/18
27041	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular			11/1/18
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater			11/1/18
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater			11/1/18
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm			11/1/18
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm			11/1/18
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm			11/1/18
27050	Arthroectomy with biopsy; sacroiliac joint			11/1/18
27052	hip joint			11/1/18
27054	Arthrotomy with synovectomy, hip joint			11/1/18
27057	Decompression fasciotomy (ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), with debridement of nonviable muscle, unilateral			11/1/18

27059	Radical resection of tumor (eg,sarcoma), soft tissue of pelvis and hip area; 5 cm or greater			11/1/18
27060	Excision; ischial bursa			11/1/18
27062	trochanteric bursa or calcification			11/1/18
27065	Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed			11/1/18
27066	deep, (subfascial), includes autograft when performed			11/1/18
27067	with autograft requiring separate incision			11/1/18
27070	Partial excision, wing of ilium, symphysis pubis, or greaer trochanter of femur, (craterization, saucerization) (eg, ostermyelitis or bone abscess); superficial			11/1/18
27071	deep (subfascial or intramuscular)			11/1/18
27075	Radical resection of tumor; wing or ilium, 1 pubic or ischial ramus or symphysis pubis			11/1/18
27076	ilium, including acetabulum, both pubic rami, or ischium and acetabulum			11/1/18
27077	innominate bone, total			11/1/18
27078	ischial tuberosity and greater trochanter of femur			11/1/18
27080	Coccygectomy, primary			11/1/18
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue			11/1/18
27087	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)			11/1/18
27093	Injection procedure for hip arthrography; without anesthesia			11/1/18

27095	Injection procedure for hip arthrography; with anesthesia			11/1/18
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid			11/1/18
27097	Release or recession, hamstring, proximal			11/1/18
27098	transfer, adductor to ischium			11/1/18
27100	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)			11/1/18
27105	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)			11/1/18
27110	Transfer iliopsoas; to greater trochanter femur			11/1/18
27111	Transfert iliopsoas; to femoral neck			11/1/18
27140	Osteotomy and transfer of greater trochanter of femur (separate procedure)			11/1/18
27146	Osteotomy, iliac, acetabular or innominate bone			11/1/18
27147	Osteotomy, iliac, acetabular or innominate bone ; with open reduction of hip			11/1/18
27151	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy			11/1/18
27156	Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and open reduction of hip			11/1/18
27158	Osteotomy, pelvis, bilateral (eg, congenital malformation)			11/1/18
27161	Osteotomy, femoral neck (separate procedure)			11/1/18

27165	Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or case			11/1/18
27170	Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)			11/1/18
27175	Treatment of slipped femoral epiphysis; by traction, without reduction			11/1/18
27176	Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ			11/1/18
27177	Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)			11/1/18
27178	Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning			11/1/18
27179	Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)			11/1/18
27181	Open treatment of slipped femoral epiphysis; osteotomy and internal fixation			11/1/18
27185	Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur			11/1/18
27187	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur			11/1/18

27198	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)			11/1/18
27282	Arthrodesis, symphysis pubis (including obtaining graft)			11/1/18
27284	Arthrodesis, hip joint (including obtaining graft)			11/1/18
27286	with subtrochanteric osteotomy			11/1/18
27301	Incision and drainage, deep abscess bursa, or hematoma, thigh or knee region			11/1/18
27303	Incision, deep with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)			11/1/18
27305	Fasciotomy, iliotibial (tenotomy), open			11/1/18
27306	Tenotomy,percutaneous, adductor or hamstring; single tendon (separate procedure)			11/1/18
27307	multiple tendons			11/1/18
27310	arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)			11/1/18
27323	Biopsy, soft tissue of thigh or knee area; superficial			11/1/18
27324	deep (subfascial or intramuscular)			11/1/18
27325	Neurectomy, hamstring muscle			11/1/18

27326	Neurectomy, popliteal (gastrocnemius)			11/1/18
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm			11/1/18
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm			11/1/18
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm			11/1/18
27330	Arthrotomy, knee; with synovial biopsy only			11/1/18
27334	Arthrotomy, with synovectomy, knee; anterior or posterior			11/1/18
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area			11/1/18
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater			11/1/18
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater			11/1/18
27340	Excision, prepatellar bursa			11/1/18
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)			11/1/18
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee			11/1/18
27350	Patellectomy or hemipatellectomy			11/1/18
27355	Excision or curettage of bone cyst or benign tumor of femur;			11/1/18
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft			11/1/18

27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft			11/1/18
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)			11/1/18
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)			11/1/18
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater			11/1/18
27365	Radical resection of tumor, femur or knee			11/1/18
27370	Injection of contrast for knee arthrography			11/1/18
27372	Removal of foreign body, deep, thigh region or knee area			11/1/18
27380	Suture of infrapatellar tendon; primary			11/1/18
27381	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft			11/1/18
27385	Suture of quadriceps or hamstring muscle rupture; primary			11/1/18
27386	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft			11/1/18
27390	Tenotomy, open, hamstring, knee to hip; single tendon			11/1/18
27391	Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg			11/1/18
27392	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral			11/1/18
27393	Lengthening of hamstring tendon; single tendon			11/1/18

27394	Lengthening of hamstring tendon; multiple tendons, 1 leg			11/1/18
27395	Lengthening of hamstring tendon; multiple tendons, bilateral			11/1/18
27396	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon			11/1/18
27397	Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons			11/1/18
27400	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)			11/1/18
27418	Anterior tibial tubercleplasty (eg, Maquet type procedure)			11/1/18
27420	Reconstruction of dislocating patella; (eg, Hauser type procedure)			11/1/18
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)			11/1/18
27424	Reconstruction of dislocating patella; with patellectomy			11/1/18
27425	Lateral retinacular release, open			11/1/18
27427	Ligamentous reconstruction (augmentation), knee; extra-articular			11/1/18
27430	Quadricepsplasty (eg, Bennett or Thompson type)			11/1/18
27435	Capsulotomy, posterior capsular release, knee			11/1/18
27448	Osteotomy, femur, shaft or supracondylar; without fixation			11/1/18
27450	Osteotomy, femur, shaft or supracondylar; with fixation			11/1/18

27454	Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)			11/1/18
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock- knee]); before epiphyseal closure			11/1/18
27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock- knee]); after epiphyseal closure			11/1/18
27465	Osteoplasty, femur; shortening (excluding 64876)			11/1/18
27466	Osteoplasty, femur; lengthening			11/1/18
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer			11/1/18
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)			11/1/18
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)			11/1/18
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur			11/1/18
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal			11/1/18
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula			11/1/18

27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)			11/1/18
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur			11/1/18
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);			11/1/18
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve			11/1/18
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;			11/1/18
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve			11/1/18
27580	Arthrodesis, knee, any technique			11/1/18
27599	Unlisted procedure, femur or knee			11/1/18
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid			11/1/18
62281	epidural, cervical or thoracic			11/1/18
62282	epidural, lumbar, sacral (caudal)			11/1/18
62290	Injection procedure for discography, each level; lumbar			11/1/18
62291	Injection procedure for discography, each level; cervical or thoracic			11/1/18

62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar			11/1/18
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance			8/1/21
62325	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)			8/1/21
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance			8/1/21

62327	Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (i.e., fluoroscopy or CT)			8/1/21
62355	Removal of previously implanted intrathecal or epidural catheter			11/1/18
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion			8/1/21
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming			8/1/21
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming			8/1/21
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)			11/1/18

63180	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments			1/1/21
63182	Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments			1/1/21
63194	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical			3/1/22
63195	Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic			3/1/22
63196	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical			3/1/22
63198	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical			3/1/22
63199	Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic			3/1/22
64620	Destruction by neurolytic agent, intercostal nerve			11/1/18
64999	Unlisted procedure, nervous system			11/1/18
72275	Epidurography, radiological supervision and interpretation			11/1/18
72285	Discography, cervical or thoracic, radiological supervision and interpretation			11/1/18
72295	Discography, lumbar, radiological supervision and interpretation			11/1/18
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;			11/1/18

95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring physician's skill			11/1/18
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)			5/1/23
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level			1/1/21
0229T	each additional level (list separately in addition to code for primary procedure)			1/1/21
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level			1/1/21
0231T	each additional level (list separately in addition to code for primary procedure)			1/1/21
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection) cervical, three or more levels			4/1/20

0775T	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, includes placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s])			5/1/24
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)			5/1/24
G0259	Injection procedure for sacroiliac joint; arthrography			11/1/18
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography			11/1/18
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only			8/1/21
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace			12/1/20
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)			12/1/20