

TAR and Non-Standard Benefits List: Codes 60000 thru 69999

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Medi-Cal has not activated all Current Procedural Terminology (CPT®) or Proprietary Laboratory Analysis (PLA) procedure codes associated with various covered Medi-Cal benefits and services. In these instances, the CPT or PLA procedure codes are classified as “non-standard benefit” for Medi-Cal and are placed in “deny” status for the general Medi-Cal population. However, Medi-Cal may provide reimbursement for a CPT or PLA procedure code with an approved *Treatment Authorization Request* (TAR) if medical necessity is established. Billing codes in non-standard benefit status should be evaluated and coverage decided on a case-by-case basis for individual Medi-Cal members based upon medical necessity.

Surgery

Endocrine System

Note: Refer to the *TAR and Non-Standard Benefits: Introduction to List* in this manual for more information about the categories of benefit restrictions.

Thyroid Gland

Incision

| Code | Description | Benefit Restrictions |
|-------|---|--|
| 60000 | Incision and drainage of thyroglossal duct cyst, infected | Assistant Surgeon services not payable |

Excision

| Code | Description | Benefit Restrictions |
|-------|--------------------------------------|--|
| 60100 | Biopsy, thyroid, percutaneous needle | Assistant Surgeon services not payable |

Removal

| Code | Description | Benefit Restrictions |
|-------|---|--|
| 60300 | Aspiration and/or injection, thyroid cyst | Assistant Surgeon services not payable |

Parathyroid, Thymus, Adrenal Glands, Pancreas and Carotid Body**Laparoscopy**

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 60650 | Laparoscopy, surgical, with adrenalectomy | Requires TAR, Primary Surgeon/ Provider |
| 60659 | Unlisted laparoscopy procedure, endocrine system | Requires TAR, Primary Surgeon/ Provider |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 60660 | Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency | Requires TAR, Primary Surgeon/ Provider |
| 60661 | Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure) | Requires TAR, Primary Surgeon/ Provider |
| 60699 | Unlisted procedure, endocrine system | Requires TAR, Primary Surgeon/ Provider |

Nervous SystemSkull, Meninges and Brain**Injection, Drainage or Aspiration**

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 61000 | Subdural tap; initial | Assistant Surgeon services not payable |
| 61001 | Subdural tap; subsequent | Assistant Surgeon services not payable |
| 61020 | Ventricular puncture; without injection | Assistant Surgeon services not payable |

Injection, Drainage or Aspiration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 61026 | Ventricular puncture; with injection | Assistant Surgeon services not payable |
| 61050 | Cisternal or lateral cervical puncture; without injection | Assistant Surgeon services not payable |
| 61055 | Cisternal or lateral cervical puncture; with injection | Assistant Surgeon services not payable |
| 61070 | Puncture of shunt tubing for aspiration or injection | Assistant Surgeon services not payable |

Twist Drill, Burr Hole(s) or Trephine

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 61105 | Twist drill hole for subdural or ventricular puncture | Assistant Surgeon services not payable |
| 61107 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device | Assistant Surgeon services not payable |
| 61108 | Twist drill hole for puncture; evacuate hematoma | Assistant Surgeon services not payable |
| 61151 | Burr hole(s) or trephine; subsequent tapping of abscess/cyst | Assistant Surgeon services not payable |

Endovascular Therapy

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 61645 | Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial | Assistant Surgeon services not payable |
| 61650 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial; initial vascular territory | Assistant Surgeon services not payable |
| 61651 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial; each additional vascular territory | Assistant Surgeon services not payable |

Surgery of Skull Base**Intracranial Imaging**

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 61736 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion | Assistant Surgeon services not payable |
| 61737 | Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s) | Assistant Surgeon services not payable |

Neurostimulators (Intracranial)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 61850 | Burr holes, implantation neurostimulator electrodes; cortical | Non-Standard Benefit |
| 61860 | Craniectomy or craniotomy for implantation of neurostimulator electrodes; cortical | Non-Standard Benefit |
| 61863 | Twist drill, burr hole, craniotomy, or craniotomy with stereotactic implantation of neurostimulator electrode array in subcortical site; first array | Non-Standard Benefit |
| 61864 | Twist drill, burr hole, craniotomy, or craniotomy with stereotactic implantation of neurostimulator electrode array in subcortical site; each additional array | Non-Standard Benefit |
| 61867 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implementation of neurostimulator electrode array in subcortical site, with use of intraoperative microelectrode recording; first array | Requires TAR, Primary Surgeon/ Provider |
| 61868 | Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implementation of neurostimulator electrode array in subcortical site, with use of intraoperative microelectrode recording; each additional array | Requires TAR, Primary Surgeon/ Provider |
| 61880 | Revision/removal intracranial neurostimulator electrodes | Requires TAR, Primary Surgeon/ Provider |
| 61886 | Insertion or replacement of cranial neurostimulator pulse generator or receiver; with connection to two or more electrode arrays | Assistant Surgeon services not payable |

Neurostimulators (Intracranial) (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 61888 | Revision or removal/cranial neurostimulator | Requires TAR, Primary Surgeon/ Provider |

Cerebrospinal Fluid (CSF) Shunt

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 62252 | Reprogramming of programmable cerebrospinal shunt | Assistant Surgeon services not payable |

Spine and Spinal Cord**Injection, Drainage or Aspiration**

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 62263 | Percutaneous lysis of epidural adhesions, multiple adhesiolysis sessions; two or more days | Assistant Surgeon services not payable |
| 62264 | Percutaneous lysis of epidural adhesions, multiple adhesiolysis sessions; one day | Assistant Surgeon services not payable |
| 62267 | Percutaneous aspiration within the nucleus pulposus | Assistant Surgeon services not payable |
| 62268 | Percutaneous aspiration, spinal cord cyst or syrinx | Assistant Surgeon services not payable |
| 62269 | Biopsy of spinal cord, percutaneous needle | Assistant Surgeon services not payable |
| 62270 | Spinal puncture, lumbar, diagnostic | Assistant Surgeon services not payable |
| 62272 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid | Assistant Surgeon services not payable |
| 62273 | Injection, epidural, of blood or clot patch | Assistant Surgeon services not payable |

Injection, Drainage or Aspiration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 62280 | Injection/infusion of neurolytic substance; subarachnoid | Assistant Surgeon services not payable |
| 62281 | Injection of neurolytic substance; epidural, cervical, thoracic | Assistant Surgeon services not payable |
| 62282 | Injection/infusion of neurolytic substance; epidural, lumbar, sacral (caudal) | Assistant Surgeon services not payable |
| 62284 | Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa) | Assistant Surgeon services not payable |
| 62287 | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other indirect visualization | Assistant Surgeon services not payable |
| 62292 | Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar | Assistant Surgeon services not payable |
| 62302 | Myelography via lumbar injection, including radiological supervision and interpretation; cervical | Assistant Surgeon services not payable |
| 62303 | Myelography via lumbar injection, including radiological supervision and interpretation; thoracic | Assistant Surgeon services not payable |
| 62304 | Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral | Assistant Surgeon services not payable |
| 62305 | Myelography via lumbar injection, including radiological supervision and interpretation; two or more regions | Assistant Surgeon services not payable |
| 62320 | Injection(s), of diagnostic or therapeutic substance(s), cervical or thoracic; without imaging guidance | Assistant Surgeon services not payable |
| 62321 | Injection(s), of diagnostic or therapeutic substance(s), cervical or thoracic; with imaging guidance | Assistant Surgeon services not payable |
| 62322 | Injection(s), of diagnostic or therapeutic substance(s), lumbar or sacral (caudal); without imaging guidance | Assistant Surgeon services not payable |
| 62323 | Injection(s), of diagnostic or therapeutic substance(s), lumbar or sacral (caudal); with imaging guidance | Assistant Surgeon services not payable |
| 62324 | Injection(s), including indwelling catheter placement, cervical or thoracic; without imaging guidance | Assistant Surgeon services not payable |
| 62325 | Injection(s), including indwelling catheter placement, cervical or thoracic; with imaging guidance | Assistant Surgeon services not payable |

Injection, Drainage or Aspiration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 62326 | Injection(s), including indwelling catheter placement, lumbar or sacral (caudal); without imaging guidance | Assistant Surgeon services not payable |
| 62327 | Injection(s), including indwelling catheter placement, lumbar or sacral (caudal); with imaging guidance | Assistant Surgeon services not payable |
| 62328 | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance | Assistant Surgeon services not payable |
| 62329 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance | Assistant Surgeon services not payable |
| «62330 | Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar | Requires TAR, Primary Surgeon/ Provider» |
| «62331 | Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar | Requires TAR, Primary Surgeon/ Provider» |

Reservoir/Pump Implantation

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 62367 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; without reprogramming | Assistant Surgeon services not payable |
| 62368 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming | Assistant Surgeon services not payable |
| 62369 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming and refill | Assistant Surgeon services not payable |
| 62370 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming and refill (requiring physician's skill) | Assistant Surgeon services not payable |

«Laminotomy

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 63032 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar | Requires TAR, Primary Surgeon/ Provider» |

Neurostimulators (Spinal)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 63650 | Percutaneous implantation of neurostimulator electrode array, epidural | Requires TAR, Primary Surgeon/ Provider |
| 63655 | Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural | Requires TAR, Primary Surgeon/ Provider |
| 63685 | Insertion or replacement of spinal neurostimulator pulse generator/receiver | Requires TAR, Primary Surgeon/ Provider |

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System

Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

Somatic Nerves

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 64400 | Injection, anesthetic agent; trigeminal nerve | Assistant Surgeon services not payable |
| 64405 | Injection, anesthetic agent; greater occipital nerve | Assistant Surgeon services not payable |
| 64408 | Injection, anesthetic agent; vagus nerve | Assistant Surgeon services not payable |
| 64415 | Injection, anesthetic agent; brachial plexus, single | Assistant Surgeon services not payable |
| 64416 | Injection, anesthetic agent; brachial plexus, continuous infusion by catheter | Assistant Surgeon services not payable |
| 64417 | Injection, anesthetic agent; axillary nerve | Assistant Surgeon services not payable |

Somatic Nerves (continued)

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 64418 | Injection, anesthetic agent; suprascapular nerve | Assistant Surgeon services not payable |
| 64420 | Injection, anesthetic agent; intercostal nerve, single | Assistant Surgeon services not payable |
| 64421 | Injection, anesthetic agent; intercostal nerves, multiple, regional block | Assistant Surgeon services not payable |
| 64425 | Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves | Assistant Surgeon services not payable |
| 64430 | Injection, anesthetic agent; pudendal nerve | Assistant Surgeon services not payable |
| 64435 | Injection, anesthetic agent; paracervical nerve | Assistant Surgeon services not payable |
| 64445 | Injection, anesthetic agent; sciatic nerve, single | Assistant Surgeon services not payable |
| 64446 | Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter | Assistant Surgeon services not payable |
| 64447 | Injection, anesthetic agent; femoral nerve, single | Assistant Surgeon services not payable |
| 64448 | Injection, anesthetic agent; femoral nerve, continuous infusion by catheter | Assistant Surgeon services not payable |
| 64449 | Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter | Assistant Surgeon services not payable |
| 64450 | Injection, anesthetic agent; other peripheral nerve | Assistant Surgeon services not payable |
| 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance | Assistant Surgeon services not payable |
| 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64455 | Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma) | Assistant Surgeon services not payable |
| 64461 | Paravertebral block, thoracic; single injection site | Assistant Surgeon services not payable |

Somatic Nerves (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 64462 | Paravertebral block, thoracic; second and any additional injection site(s) | Assistant Surgeon services not payable |
| 64463 | Paravertebral block, thoracic; continuous infusion by catheter | Assistant Surgeon services not payable |
| 64466 | Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64467 | Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64468 | Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64469 | Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64473 | Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64474 | Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64479 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level | Assistant Surgeon services not payable |
| 64480 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure) | Assistant Surgeon services not payable |
| 64483 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level | Assistant Surgeon services not payable |
| 64484 | Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure) | Assistant Surgeon services not payable |

Somatic Nerves (continued)

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 64486 | Transversus abdominis plane block unilateral; by injection(s) | Assistant Surgeon services not payable |
| 64487 | Transversus abdominis plane block unilateral; by continuous infusion(s) | Assistant Surgeon services not payable |
| 64488 | Transversus abdominis plane block bilateral; by injection(s) | Assistant Surgeon services not payable |
| 64489 | Transversus abdominis plane block bilateral; by continuous infusion(s) | Assistant Surgeon services not payable |
| 64490 | Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; single level | Assistant Surgeon services not payable |
| 64491 | Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; second level | Assistant Surgeon services not payable |
| 64492 | Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; third and any additional levels | Assistant Surgeon services not payable |
| 64493 | Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; single level | Assistant Surgeon services not payable |
| 64494 | Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; second level | Assistant Surgeon services not payable |
| 64495 | Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; third and any additional levels | Assistant Surgeon services not payable |

Autonomic Nerves

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 64505 | Injection, anesthetic agent; sphenopalatine ganglion | Assistant Surgeon services not payable |
| 64510 | Injection, anesthetic agent; stellate ganglion | Assistant Surgeon services not payable |
| 64517 | Injection, anesthetic agent; superior hypogastric plexus | Assistant Surgeon services not payable |
| 64520 | Injection, anesthetic agent; lumbar or thoracic | Assistant Surgeon services not payable |
| 64530 | Injection, anesthetic agent; celiac plexus | Assistant Surgeon services not payable |

Neurostimulators (Peripheral Nerve)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 64553 | Percutaneous implantation of neurostimulator electrodes; cranial nerve | Requires TAR, Primary Surgeon/ Provider |
| 64555 | Percutaneous implantation of neurostimulator electrodes; peripheral nerve | Non-Standard Benefit |
| 64561 | Percutaneous implantation of neurostimulator electrodes; sacral nerve | Non-Standard Benefit |
| 64566 | Posterior tibial neurostimulation percutaneous needle electrode, single treatment, includes programming | Assistant Surgeon services not payable |
| <<64567 | Percutaneous electrical nerve field stimulation, cranial nerves, without implantation | Requires TAR, Primary Surgeon/ Provider>> |
| 64568 | Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator | Requires TAR, Primary Surgeon/ Provider |
| 64575 | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) | Assistant Surgeon services not payable |
| 64580 | Open implantation of neurostimulator electrode array; neuromuscular | Non-Standard Benefit |
| 64581 | Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) | Non-Standard Benefit |
| 64585 | Revision/removal of peripheral neurostimulator electrode array | Assistant Surgeon services not payable |
| 64590 | Insertion or replacement of peripheral neurostimulator generator or receiver | Assistant Surgeon services not payable |
| 64595 | Revision/removal peripheral neurostimulator generator or receiver | Assistant Surgeon services not payable |
| 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array | Assistant Surgeon services not payable |
| 64597 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure) | Assistant Surgeon services not payable |
| 64598 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator | Assistant Surgeon services not payable |

Destruction by Neurolytic Agent Chemodenervation**Somatic Nerves**

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 64600 | Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch | Assistant Surgeon services not payable |
| 64605 | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale | Assistant Surgeon services not payable |
| 64610 | Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring | Assistant Surgeon services not payable |
| 64611 | Chemodenervation of parotid and submandibular salivary glands | Assistant Surgeon services not payable |
| 64612 | Chemodenervation of muscle(s); muscles innervated by facial nerve | Assistant Surgeon services not payable |
| 64615 | Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral | Assistant Surgeon services not payable |
| 64616 | Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral | Assistant Surgeon services not payable |
| 64617 | Chemodenervation of muscle(s); larynx, unilateral, percutaneous | Assistant Surgeon services not payable |
| 64620 | Destruction by neurolytic agent; intercostal nerve | Assistant Surgeon services not payable |
| 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed | Assistant Surgeon services not payable |
| 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance | Assistant Surgeon services not payable |
| 64628 | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral | Assistant Surgeon services not payable |
| 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) | Assistant Surgeon services not payable |
| 64630 | Destruction by neurolytic agent; pudendal nerve | Assistant Surgeon services not payable |
| 64632 | Destruction by neurolytic agent; plantar common digital | Assistant Surgeon services not payable |

Somatic Nerves (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 64633 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | Assistant Surgeon services not payable |
| 64634 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint | Assistant Surgeon services not payable |
| 64635 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint | Assistant Surgeon services not payable |
| 64636 | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint | Assistant Surgeon services not payable |
| 64640 | Destruction by neurolytic agent; other peripheral nerve/branch | Assistant Surgeon services not payable |
| 64642 | Chemodenervation of one extremity; 1-4 muscle(s) | Assistant Surgeon services not payable |
| 64643 | Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) | Assistant Surgeon services not payable |
| 64644 | Chemodenervation of one extremity; 5 or more muscles | Assistant Surgeon services not payable |
| 64645 | Chemodenervation of one extremity; each additional extremity, 5 or more muscles | Assistant Surgeon services not payable |
| 64646 | Chemodenervation of trunk muscle(s); 1-5 muscle(s) | Assistant Surgeon services not payable |
| 64647 | Chemodenervation of one extremity; 5 or more muscles 6 or more muscles | Assistant Surgeon services not payable |

Sympathetic Nerves

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 64650 | Chemodenervation of eccrine glands; both axillae | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 64653 | Chemodenervation of other areas (scalp, face, neck), per day | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 64680 | Destruction by neurolytic agent; celiac plexus | Assistant Surgeon services not payable |
| 64681 | Destruction by neurolytic agent; superior hypogastric plexus | Assistant Surgeon services not payable |

«Baroflex Activation Therapy Modulation System

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 64654 | Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming | Non-Standard Benefit |
| 64655 | Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only | Non-Standard Benefit |
| 64656 | Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only | Non-Standard Benefit |
| 64657 | Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator | Non-Standard Benefit |
| 64658 | Removal of baroreflex activation therapy (BAT) modulation system; lead only | Non-Standard Benefit |
| 64659 | Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only | Non-Standard Benefit» |

Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 64721 | Neuroplasty/transposition; median nerve at carpal tunnel | Requires TAR, Primary Surgeon/ Provider |
| <<64728 | Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance | Requires TAR, Primary Surgeon/ Provider>> |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|------------------------------------|---|
| 64999 | Unlisted procedure, nervous system | Requires TAR, Primary Surgeon/ Provider |

Eye and Ocular AdnexaEyeball**Secondary Implant(s) Procedures**

| Code | Description | Benefit Restrictions |
|-------------|--------------------------------|--|
| 65125 | Modification of ocular implant | Assistant Surgeon services not payable |

Removal of Foreign Body

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 65205 | Removal of foreign body, external eye; conjunctival | Assistant Surgeon services not payable |
| 65210 | Removal of foreign body, external eye; subconjunctival | Assistant Surgeon services not payable |
| 65220 | Removal of foreign body, external eye; corneal | Assistant Surgeon services not payable |
| 65222 | Removal of foreign body, external eye; corneal, slit lamp | Assistant Surgeon services not payable |

Anterior Segment

Cornea

Excision

| Code | Description | Benefit Restrictions |
|-------|--|--|
| 65400 | Excision of lesion, cornea | Assistant Surgeon services not payable |
| 65410 | Biopsy of cornea | Assistant Surgeon services not payable |
| 65420 | Excision or transposition of pterygium | Assistant Surgeon services not payable |

Removal or Destruction

| Code | Description | Benefit Restrictions |
|-------|---------------------------------|--|
| 65450 | Destruction of lesion of cornea | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------|--|---|
| 65760 | Keratomileusis | Non-Standard Benefit |
| 65765 | Keratophakia | Non-Standard Benefit |
| 65767 | Epikeratoplasty | Non-Standard Benefit |
| 65770 | Keratoprosthesis | Requires TAR, Primary Surgeon/ Provider |
| 65771 | Radial keratotomy | Non-Standard Benefit |
| 65772 | Corneal relaxing incision | Non-Standard Benefit |
| 65775 | Corneal wedge resection | Non-Standard Benefit |
| 65785 | Implantation of intrastromal corneal ring segments | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |

Anterior Chamber**Incision**

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 65800 | Paracentesis of anterior chamber; removal of aqueous | Assistant Surgeon services not payable |
| 65810 | Paracentesis of anterior chamber; removal vitreous | Assistant Surgeon services not payable |

Introduction

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 66020 | Injection, anterior chamber of eye; air or liquid | Assistant Surgeon services not payable |
| 66030 | Injection, anterior chamber of eye; medication | Assistant Surgeon services not payable |

Anterior Sclera**Excision**

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 66175 | Transluminal dilation of aqueous outflow canal; with retention of device or stent | Non-Standard Benefit |

Aqueous Shunt

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 66183 | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach | Non-Standard Benefit |

Iris, Ciliary Body**Destruction**

| Code | Description | Benefit Restrictions |
|-------------|---------------------------------------|--|
| 66761 | Iridotomy/iridectomy by laser surgery | Assistant Surgeon services not payable |
| 66762 | Iridoplasty by photocoagulation | Assistant Surgeon services not payable |

Lens**Removal**

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 66830 | Removal of secondary membranous cataract | Requires TAR, Primary Surgeon/ Provider |
| 66840 | Removal of lens material; aspiration technique | Requires TAR, Primary Surgeon/ Provider |
| 66850 | Removal lens material; phacofragmentation technique | Requires TAR, Primary Surgeon/ Provider |
| 66852 | Removal of lens material; pars plana approach | Requires TAR, Primary Surgeon/ Provider |
| 66920 | Removal of lens material; intracapsular | Requires TAR, Primary Surgeon/ Provider |
| 66930 | Removal of lens material; intracapsular, dislocated lens | Requires TAR, Primary Surgeon/ Provider |
| 66940 | Removal of lens material; extracapsular | Requires TAR, Primary Surgeon/ Provider |

Intraocular Lens Procedures

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 66982 | Extracapsular cataract removal with insertion of intraocular lens prosthesis, complex | Requires TAR, Primary Surgeon/ Provider |
| 66983 | Intracapsular cataract extraction with insertion of intraocular lens prosthesis | Requires TAR, Primary Surgeon/ Provider |
| 66984 | Extracapsular cataract removal with insertion intraocular lens prosthesis | Requires TAR, Primary Surgeon/ Provider |
| 66985 | Insertion of intraocular lens prosthesis, not associated with concurrent cataract removal | Requires TAR, Primary Surgeon/ Provider |
| 66987 | Extracapsular cataract removal with insertion of intraocular lens prosthesis, complex | Requires TAR, Primary Surgeon/ Provider |
| 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis, with endoscopic cyclophotocoagulation | Requires TAR, Primary Surgeon/ Provider |
| 66989 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more | Assistant Surgeon not payable |
| 66991 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more | Assistant Surgeon not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 66990 | Use of ophthalmic endoscope | Assistant Surgeon services not payable |
| 66999 | Unlisted procedure, anterior segment of eye | Requires TAR, Primary Surgeon/ Provider |

Posterior SegmentRetina or Choroid**Repair**

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 67101 | Repair of retinal detachment; cryotherapy | Assistant Surgeon services not payable |
| 67105 | Repair of retinal detachment; photocoagulation | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|---------------------------------------|---|
| 67299 | Unlisted procedure, posterior segment | Requires TAR, Primary Surgeon/ Provider |

Ocular Adnexa**Extraocular Muscles**

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 67311 | Strabismus surgery, recession or resection procedure; one horizontal muscle | Requires TAR, Primary Surgeon/ Provider |
| 67312 | Strabismus surgery; two horizontal muscles | Requires TAR, Primary Surgeon/ Provider |
| 67314 | Strabismus surgery; one vertical muscle | Requires TAR, Primary Surgeon/ Provider |
| 67316 | Strabismus surgery; two or more vertical muscles | Requires TAR, Primary Surgeon/ Provider |

Extraocular Muscles (continued)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 67318 | Strabismus surgery, any procedure, superior oblique muscle | Requires TAR, Primary Surgeon/ Provider |
| 67320 | Transposition procedure, any extraocular muscle | Requires TAR, Primary Surgeon/ Provider |
| 67331 | Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles | Requires TAR, Primary Surgeon/ Provider |
| 67332 | Strabismus surgery on patient with scarring of extraocular muscles or restrictive myopathy | Requires TAR, Primary Surgeon/ Provider |
| 67334 | Strabismus surgery by posterior fixation suture technique, with or without muscle recession | Requires TAR, Primary Surgeon/ Provider |
| 67340 | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) | Requires TAR, Primary Surgeon/ Provider |
| 67343 | Release of extensive scar tissue without detaching extraocular muscle | Requires TAR, Primary Surgeon/ Provider |
| 67345 | Chemodenervation of extraocular muscle | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|-----------------------------------|---|
| 67399 | Unlisted procedure, ocular muscle | Requires TAR, Primary Surgeon/ Provider |

Orbit**Exploration, Excision, Decompression**

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 67415 | Fine needle aspiration of orbital contents | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 67500 | Retrobulbar injection; medication | Assistant Surgeon services not payable |
| 67505 | Retrobulbar injection; alcohol | Assistant Surgeon services not payable |
| 67515 | Injection of medication or other substance into Tenon's capsule | Assistant Surgeon services not payable |
| 67516 | Suprachoroidal space injection of pharmacologic agent (separate procedure) | Assistant Surgeon services not payable |
| 67599 | Unlisted procedure, orbit | Requires TAR, Primary Surgeon/ Provider |

Eyelids**Incision**

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 67700 | Blepharotomy, drainage of abscess, eyelid | Assistant Surgeon services not payable |
| 67710 | Severing of tarsorrhaphy | Assistant Surgeon services not payable |
| 67715 | Canthotomy | Assistant Surgeon services not payable |

Excision, Destruction

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 67800 | Excision of chalazion; single | Assistant Surgeon services not payable |
| 67801 | Excision of chalazion; multiple | Assistant Surgeon services not payable |
| 67805 | Excision of chalazion; multiple, different lids | Assistant Surgeon services not payable |
| 67810 | Biopsy of eyelid | Assistant Surgeon services not payable |

Excision, Destruction

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 67800 | Excision of chalazion; single | Assistant Surgeon services not payable |
| 67801 | Excision of chalazion; multiple | Assistant Surgeon services not payable |
| 67805 | Excision of chalazion; multiple, different lids | Assistant Surgeon services not payable |
| 67810 | Biopsy of eyelid | Assistant Surgeon services not payable |
| 67820 | Correction of trichiasis; epilation, by forceps only | Assistant Surgeon services not payable |
| 67825 | Correction of trichiasis; epilation, by other than forceps | Assistant Surgeon services not payable |
| 67840 | Excision of lesion of eyelids | Assistant Surgeon services not payable |
| 67850 | Destruction of lesion of lid margin | Assistant Surgeon services not payable |

Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 67902 | Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling | Requires TAR, Primary Surgeon/ Provider |
| 67903 | Repair of blepharoptosis; levator resection/advancement, internal | Requires TAR, Primary Surgeon/ Provider |
| 67904 | Repair of blepharoptosis; levator resection/advancement, external | Requires TAR, Primary Surgeon/ Provider |
| 67906 | Repair of blepharoptosis; superior rectus technique, fascial sling | Requires TAR, Primary Surgeon/ Provider |

**Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)
(continued)**

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 67901 | Repair of blepharoptosis; frontalis muscle technique with suture or other material | Requires TAR, Primary Surgeon/ Provider |
| 67908 | Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection | Requires TAR, Primary Surgeon/ Provider |
| 67909 | Reduction of overcorrection of ptosis | Requires TAR, Primary Surgeon/ Provider |
| 67911 | Correction of lid retraction | Requires TAR, Primary Surgeon/ Provider |
| 67912 | Correction of lagophthalmos, with implantation of upper eyelid load | Requires TAR, Primary Surgeon/ Provider |
| 67914 | Repair of ectropion; suture | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 67915 | Repair of ectropion; thermocauterization | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 67916 | Repair of ectropion; excision tarsal wedge | Requires TAR, Primary Surgeon/ Provider |
| 67917 | Repair of ectropion; extensive | Requires TAR, Primary Surgeon/ Provider |

**Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)
(continued)**

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 67921 | Repair of entropion; suture | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 67922 | Repair of entropion; thermocauterization | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 67923 | Repair of entropion; excision tarsal wedge | Requires TAR, Primary Surgeon/ Provider |
| 67924 | Repair of entropion; extensive | Requires TAR, Primary Surgeon/ Provider |

Reconstruction

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 67930 | Suture recent wound, eyelid; partial thickness | Assistant Surgeon services not payable |
| 67950 | Canthoplasty | Requires TAR, Primary Surgeon/ Provider |
| 67961 | Excision and repair, eyelid; up to one-fourth of lid margin | Requires TAR, Primary Surgeon/ Provider |
| 67966 | Excision and repair, eyelid; over one-fourth of lid margin | Requires TAR, Primary Surgeon/ Provider |
| 67971 | Reconstruction, eyelid; up to two-thirds of eyelid | Requires TAR, Primary Surgeon/ Provider |
| 67973 | Reconstruction, eyelid; total eyelid, lower | Requires TAR, Primary Surgeon/ Provider |
| 67974 | Reconstruction, eyelid; total eyelid, upper | Requires TAR, Primary Surgeon/ Provider |
| 67975 | Reconstruction, eyelid; second stage | Requires TAR, Primary Surgeon/ Provider |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|-----------------------------|---|
| 67999 | Unlisted procedure, eyelids | Requires TAR, Primary Surgeon/ Provider |

Conjunctiva**Incision and Drainage**

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 68020 | Incision of conjunctiva, drainage cyst | Assistant Surgeon services not payable |
| 68040 | Expression of conjunctival follicles | Assistant Surgeon services not payable |

Excision and/or Destruction

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 68100 | Biopsy of conjunctiva | Assistant Surgeon services not payable |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm | Assistant Surgeon services not payable |
| 68135 | Destruction of lesion, conjunctiva | Assistant Surgeon services not payable |

Injection

| Code | Description | Benefit Restrictions |
|-------------|---------------------------|--|
| 68200 | Subconjunctival injection | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|---------------------------------|---|
| 68399 | Unlisted procedure, conjunctiva | Requires TAR, Primary Surgeon/ Provider |

Lacrimal System**Incision**

| Code | Description | Benefit Restrictions |
|-------------|-----------------------------------|--|
| 68440 | Snip incision of lacrimal punctum | Assistant Surgeon services not payable |

Repair

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 68700 | Plastic repair of canaliculi | Requires TAR, Primary Surgeon/ Provider |
| 68705 | Correction of everted punctum, cautery | Assistant Surgeon services not payable |
| 68760 | Closure of lacrimal punctum | Assistant Surgeon services not payable |
| 68761 | Closure of lacrimal punctum; by plug, each | Assistant Surgeon services not payable |

Probing and/or Related Procedures

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 68801 | Dilation of lacrimal punctum | Assistant Surgeon services not payable |
| 68810 | Probing of nasolacrimal duct | Assistant Surgeon services not payable |
| 68840 | Probing of lacrimal canaliculi | Assistant Surgeon services not payable |
| 68850 | Injection of contrast medium for dacryocystography | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|-------------------------------------|---|
| 68899 | Unlisted procedure, lacrimal system | Requires TAR, Primary Surgeon/ Provider |

Auditory SystemExternal Ear**Incision**

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 69000 | Drainage external ear; simple | Assistant Surgeon services not payable |
| 69020 | Drainage external auditory canal, abscess | Assistant Surgeon services not payable |
| 69090 | Ear piercing | Non-Standard Benefit |

Excision

| Code | Description | Benefit Restrictions |
|-------------|--------------------------------|--|
| 69100 | Biopsy external ear | Assistant Surgeon services not payable |
| 69105 | Biopsy external auditory canal | Assistant Surgeon services not payable |
| 69110 | Excision external ear; partial | Assistant Surgeon services not payable |

Removal

| Code | Description | Benefit Restrictions |
|-------------|---|--|
| 69200 | Removal foreign body, external ear canal; without anesthesia | Assistant Surgeon services not payable |
| 69205 | Removal foreign body, external ear canal; with anesthesia | Assistant Surgeon services not payable |
| 69209 | Removal impacted cerumen using irrigation/lavage, unilateral | Assistant Surgeon services not payable |
| 69210 | Removal impacted cerumen, requiring instrumentation, unilateral | Assistant Surgeon services not payable |
| 69220 | Debridement, mastoidectomy cavity, simple | Assistant Surgeon services not payable |
| 69222 | Debridement, mastoidectomy cavity, complex | Assistant Surgeon services not payable |

Repair

| Code | Description | Benefit Restrictions |
|-------------|---------------------------|---|
| 69300 | Otoplasty, protruding ear | Requires TAR, Primary Surgeon/ Provider |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|----------------------------------|---|
| 69399 | Unlisted procedure, external ear | Requires TAR, Primary Surgeon/ Provider |

Middle Ear**Incision**

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 69420 | Myringotomy | Assistant Surgeon services not payable |
| 69421 | Myringotomy, requiring general anesthesia | Non-Standard Benefit |
| 69424 | Ventilating tube removal requiring general anesthesia | Assistant Surgeon services not payable |
| 69433 | Tympanostomy, local or topical anesthesia | Assistant Surgeon services not payable |
| 69436 | Tympanostomy, general anesthesia | Assistant Surgeon services not payable |

Repair

| Code | Description | Benefit Restrictions |
|-------------|--------------------------|---|
| 69610 | Tympanic membrane repair | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|--|--|
| 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral | Assistant Surgeon services not payable |
| 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral | Assistant Surgeon services not payable |
| 69710 | Implantation bone conduction device, temporal bone | Non-Standard Benefit |
| 69711 | Removal/repair bone conduction device, temporal bone | Non-Standard Benefit |
| 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | Non-Standard Benefit |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | Non-Standard Benefit |
| 69717 | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor | Non-Standard Benefit |
| 69719 | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | Non-Standard Benefit |
| 69726 | Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor | Assistant Surgeon services not payable |
| 69727 | Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | Assistant Surgeon services not payable |
| 69728 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Assistant Surgeon services not payable |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral | Assistant Surgeon services not payable |
| 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral | Assistant Surgeon services not payable |
| 69710 | Implantation bone conduction device, temporal bone | Non-Standard Benefit |
| 69711 | Removal/repair bone conduction device, temporal bone | Non-Standard Benefit |
| 69714 | Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor | Requires TAR, Primary Surgeon/ Provider |
| 69716 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | Requires TAR, Primary Surgeon/ Provider |
| 69717 | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor | Requires TAR, Primary Surgeon/ Provider |
| 69719 | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | Requires TAR, Primary Surgeon/ Provider |
| 69726 | Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor | Requires TAR, Primary Surgeon/ Provider |
| 69727 | Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor | Requires TAR, Primary Surgeon/ Provider |
| 69728 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Requires TAR, Primary Surgeon/ Provider |

Other Procedures (continued)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 69729 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Requires TAR, Primary Surgeon/ Provider |
| 69730 | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Requires TAR, Primary Surgeon/ Provider |
| 69799 | Unlisted procedure, middle ear | Requires TAR, Primary Surgeon/ Provider |

Inner Ear**Introduction**

| Code | Description | Benefit Restrictions |
|-------------|------------------------------|---|
| 69930 | Cochlear device implantation | Requires TAR, Primary Surgeon/ Provider |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|-------------------------------|---|
| 69949 | Unlisted procedure, inner ear | Requires TAR, Primary Surgeon/ Provider |

Temporal Bone, Middle Fossa Approach**Other Procedures**

| Code | Description | Benefit Restrictions |
|-------------|-----------------------------------|---|
| 69979 | Unlisted procedure, temporal bone | Requires TAR, Primary Surgeon/ Provider |

Legend

Symbols used in the document above are explained in the following table.

| Symbol | Description |
|---------------|---|
| « | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| » | This is a change mark symbol. It is used to indicate where on the page the most recent change ends. |