TAR and Non-Standard Benefits List: Codes 20000 thru 29999

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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

Musculoskeletal 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.

General

Excision

Code	Description	Benefit Restrictions
20200	Biopsy, muscle superficial	Assistant Surgeon services not payable
20206	Biopsy, muscle, percutaneous needle	Assistant Surgeon services not payable
20220	Biopsy, bone, trocar or needle; superficial	Assistant Surgeon services not payable
20240	Biopsy, bone, open; superficial	Assistant Surgeon services not payable

Introduction or Removal

Code	Description	Benefit Restrictions
20500	Injection, sinus tract; therapeutic	Assistant Surgeon services not payable
20501	Injection, sinus tract; diagnostic	Assistant Surgeon services not payable
20520	Removal of foreign body in muscle; simple	Assistant Surgeon services not payable
20526	Injection, therapeutic, carpal tunnel	Assistant Surgeon services not payable

Introduction or Removal (continued)

Code	Description	Benefit Restrictions
20527	Injection, enzyme, palmar fascial cord	Assistant Surgeon services not payable
20550	Injections(s); tendon sheath or ligament aponeurosis	Assistant Surgeon services not payable
20551	Injection(s); single tendon origin/insertion	Assistant Surgeon services not payable
20552	Injections(s); single or multiple trigger point(s), one or two muscle(s)	Assistant Surgeon services not payable
20553	Injection(s); single or multiple trigger point(s), three or more muscle(s)	Assistant Surgeon services not payable
20555	Placement of needles or catheters for subsequent interstitial radioelement application	Assistant Surgeon services not payable
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Assistant Surgeon services not payable
20561	Needle insertion(s) without injection(s); 3 or more muscle(s)	Assistant Surgeon services not payable
20660	Arthrocentesis, aspiration and/or injection; small joint or bursa; without ultrasound guidance	Assistant Surgeon services not payable
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa; with ultrasound guidance, with permanent recording and reporting	Assistant Surgeon services not payable
20605	Arthrocentesis, aspiration and/or injection; intermediate joint or bursa; without ultrasound guidance	Assistant Surgeon services not payable
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; with ultrasound guidance, with permanent recording and reporting	Assistant Surgeon services not payable
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa; without ultrasound guidance	Assistant Surgeon services not payable
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa; with ultrasound guidance, with permanent recording and reporting	Assistant Surgeon services not payable
20612	Aspiration/injection of ganglion cyst(s); any location	Assistant Surgeon services not payable
20615	Aspiration/injection for treatment of bone cyst	Assistant Surgeon services not payable
20650	Insertion of wire or pin with application of skeletal traction, including removal	Assistant Surgeon services not payable

Introduction or Removal (continued)

Code	Description	Benefit Restrictions
20660	Application of cranial tongs, caliper or stereotactic frame, including removal	Assistant Surgeon services not payable
20665	Removal of tongs or halo, applied by another physician	Assistant Surgeon services not payable
20670	Removal of implant; superficial	Assistant Surgeon services not payable
20690	Application of a uniplane, unilateral, external fixation system	Assistant Surgeon services not payable
20692	Application of a multiplane, unilateral, external fixation system	Assistant Surgeon services not payable
20693	Adjustment or revision of external fixation system	Assistant Surgeon services not payable
20694	Removal, under anesthesia, of external fixation system	Assistant Surgeon services not payable
20700	Manual preparation and insertion of drug-delivery device(s), deep	Assistant Surgeon services not payable
20701	Removal of drug-delivery device(s), deep	Assistant Surgeon services not payable
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary	Assistant Surgeon services not payable
20703	Removal of drug-delivery device(s), intramedullary	Assistant Surgeon services not payable
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular	Assistant Surgeon services not payable
20705	Removal of drug-delivery device(s), intra-articular	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone	Assistant Surgeon services not payable
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial	Assistant Surgeon services not payable

Other Procedures (continued)

Code	Description	Benefit Restrictions
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete	Assistant Surgeon services not payable
20950	Monitoring of interstitial fluid pressure	Assistant Surgeon services not payable
20974	Electrical stimulation to aid bone healing; noninvasive	Assistant Surgeon services not payable
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Assistant Surgeon services not payable
20982	Ablation therapy for reduction or eradication of one or more bone tumors; radiofrequency	Assistant Surgeon services not payable
20983	Ablation therapy for reduction or eradication of one or more bone tumors; cryoablation	Assistant Surgeon services not payable
20999	Unlisted procedure, musculoskeletal system, general	Requires TAR, Primary Surgeon/ Provider

Head

Incision

Code	Description	Benefit Restrictions
21010	Arthrotomy, temporomandibular joint	Requires TAR, Primary Surgeon/ Provider

Excision

Code	Description	Benefit Restrictions
21050	Condylectomy, temporomandibular joint	Requires TAR, Primary Surgeon/ Provider
21060	Meniscectomy, temporomandibular joint	Requires TAR, Primary Surgeon/ Provider
21070	Coronoidectomy	Requires TAR, Primary Surgeon/ Provider

Manipulation

Code	Description	Benefit Restrictions
21073	Manipulation of temporomandibular joint(s)	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable

Head Prosthesis

Code	Description	Benefit Restrictions
21076	Impression and custom preparation; surgical obturator prosthesis	Non-Standard Benefit
21077	Impression and custom preparation; orbital prosthesis	Non-Standard Benefit
21079	Impression and custom preparation; interim obturator prosthesis	Non-Standard Benefit
21080	Impression and custom preparation; definitive obturator prosthesis	Non-Standard Benefit
21081	Impression and custom preparation; mandibular resection prosthesis	Non-Standard Benefit
21082	Impression and custom preparation; palatal augmentation prosthesis	Non-Standard Benefit
21083	Impression and custom preparation; palatal lift prosthesis	Non-Standard Benefit
21084	Impression and custom preparation; speech aid prosthesis	Non-Standard Benefit
21085	Impression and custom preparation; oral surgical splint	Non-Standard Benefit
21086	Impression and custom preparation; auricular prosthesis	Non-Standard Benefit
21087	Impression and custom preparation; nasal prosthesis	Non-Standard Benefit
21088	Impression and custom preparation; facial prosthesis	Non-Standard Benefit
21089	Unlisted maxillofacial prosthetic procedure	Non-Standard Benefit

Introduction or Removal

Code	Description	Benefit Restrictions
21116	Injection procedure, temporomandibular arthrography	Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
21125	Augmentation, mandibular body or angle; prosthetic material	Non-Standard Benefit
21299	Unlisted craniofacial/maxillofacial procedure	Requires TAR, Primary Surgeon/ Provider

Fracture and/or Dislocation

Code	Description	Benefit Restrictions
21315	Closed treatment of nasal bone fracture with manipulation; without stabilization	Assistant Surgeon services not payable
21320	Closed treatment of nasal bone fracture with manipulation; with stabilization	Assistant Surgeon services not payable
21337	Closed treatment of nasal septal fracture	Assistant Surgeon services not payable
21355	Percutaneous treatment of fracture of malar area	Assistant Surgeon services not payable
21440	Closed treatment of alveolar ridge fracture	Assistant Surgeon services not payable
21499	Unlisted musculoskeletal procedure, head	Requires TAR, Primary Surgeon/ Provider

Neck (Soft Tissue) and Thorax

Excision

Code	Description	Benefit Restrictions
21550	Biopsy, soft tissue, neck/thorax	Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
21685	Hyoid myotomy and suspension	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction (continued)

Code	Description	Benefit Restrictions
21685	Hyoid myotomy and suspension	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable
21700	Division, scalenus anticus; without resection of cervical rib	Requires TAR, Primary Surgeon/ Provider
21705	Division, scalenus anticus; with resection of cervical rib	Requires TAR, Primary Surgeon/ Provider
21720	Division, sternocleidomastoid for torticollis; without cast application	Requires TAR, Primary Surgeon/ Provider
21725	Division, sternocleidomastoid for torticollis; with cast application	Requires TAR, Primary Surgeon/ Provider
21740	Reconstructive repair, pectus excavatum or carinatum; open	Requires TAR, Primary Surgeon/ Provider
21742	Nuss procedure, without thoracoscopy	Requires TAR, Primary Surgeon/ Provider
21743	Nuss procedure, with thoracoscopy	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
21899	Unlisted procedure, neck or thorax	Requires TAR, Primary Surgeon/ Provider

Spine (Vertebral Column)

Manipulation

Code	Description	Benefit Restrictions
22505	Manipulation of spine requiring anesthesia, any region	Assistant Surgeon services not payable

Percutaneous Vertebroplasty and Vertebral Augmentation

Code	Description	Benefit Restrictions
22510	Percutaneous vertebroplasty, one vertebral body; cervicothoracic	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
22511	Percutaneous vertebroplasty, one vertebral body; lumbosacral	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
22512	Percutaneous vertebroplasty, one vertebral body; each additional cervicothoracic or lumbosacral vertebral body	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
22513	Percutaneous vertebral augmentation, one vertebral body, unilateral or bilateral cannulation; thoracic	Requires TAR, Primary Surgeon/ Provider
22514	Percutaneous vertebral augmentation, one vertebral body, unilateral or bilateral cannulation; lumbar	Requires TAR, Primary Surgeon/ Provider
22515	Percutaneous vertebral augmentation, one vertebral body, unilateral or bilateral cannulation; each additional thoracic or lumbar vertebral body	Requires TAR, Primary Surgeon/ Provider

Percutaneous Augmentation and Annuloplasty

Code	Description	Benefit Restrictions
22526	Percutaneous intradiscal electrothermal annuloplasty or bilateral including fluoroscopic guidance; single level	Non-Standard Benefit
22527	Percutaneous intradiscal electrothermal annuloplasty or bilateral including fluoroscopic guidance; one or more additional levels	Non-Standard Benefit

Arthrodesis

Code	Description	Benefit Restrictions
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance	Requires TAR, Primary Surgeon/ Provider

Spinal Instrumentation

Code	Description	Benefit Restrictions
22858	Total disc arthroplasty, anterior approach; second level, cervical	Requires TAR, Primary Surgeon/ Provider
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, with open decompression; single level	Assistant Surgeon services not payable
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression; single level	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
22899	Unlisted procedure, spine	Requires TAR, Primary Surgeon/ Provider

Abdomen

Excision

Code	Description	Benefit Restrictions
22900	Excision, abdominal wall tumor, subfascial	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
22999	Unlisted procedure, abdomen, musculoskeletal	Requires TAR, Primary Surgeon/ Provider

Shoulder

Incision

Code	Description	Benefit Restrictions
23000	Removal of subdeltoid calcareous deposits, open	Requires TAR, Primary Surgeon/ Provider
23031	Incision and drainage, shoulder area; infected bursa	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
23065	Biopsy, soft tissues, shoulder, superficial	Assistant Surgeon services not payable

Introduction or Removal

Code	Description	Benefit Restrictions
23330	Removal foreign body, shoulder, subcutaneous	Assistant Surgeon services not payable
23350	Injection procedure for shoulder arthrography	Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
23412	Repair, ruptured musculotendinous cuff, open, acute, chronic	Requires TAR, Primary Surgeon/ Provider
23415	Coracoacromial ligament release	Requires TAR, Primary Surgeon/ Provider
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	Requires TAR, Primary Surgeon/ Provider
23440	Resection or transplantation, long tendon	Requires TAR, Primary Surgeon/ Provider
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	Requires TAR, Primary Surgeon/ Provider

Repair, Revision and/or Reconstruction (continued)

Code	Description	Benefit Restrictions
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement)	Requires TAR, Primary Surgeon/ Provider
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Requires TAR, Primary Surgeon/ Provider
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Requires TAR, Primary Surgeon/ Provider

Fracture and/or Dislocation

Code	Description	Benefit Restrictions
23540	Closed treatment of acromioclavicular dislocation, without manipulation	Assistant Surgeon services not payable
23545	Closed treatment of acromioclavicular dislocation, with manipulation	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
23929	Unlisted procedure, shoulder	Requires TAR, Primary Surgeon/ Provider

Humerus (Upper Arm) and Elbow

Incision

Code	Description	Benefit Restrictions
23931	Incision and drainage, upper arm or elbow area; bursa	Assistant Surgeon services not payable

Excision (continued)

Code	Description	Benefit Restrictions
24065	Biopsy arm/elbow, soft tissues, superficial	Assistant Surgeon services not payable
24076	Excision, tumor, deep, facial, intramuscular	Requires TAR, Primary Surgeon/ Provider
24105	Excision, olecranon bursa	Requires TAR, Primary Surgeon/ Provider

Introduction or Removal

Code	Description	Benefit Restrictions
24200	Removal arm/elbow foreign body, subcutaneous	Assistant Surgeon services not payable
24220	Injection procedure for elbow arthrography	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
24999	Unlisted procedure, humerus or elbow	Requires TAR, Primary Surgeon/ Provider

Forearm and Wrist

Incision

Code	Description	Benefit Restrictions
25040	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
25065	Biopsy, forearm, soft tissues, superficial	Assistant Surgeon services not payable
25075	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous	Requires TAR, Primary Surgeon/ Provider
25076	Excision, tumor, soft tissue of forearm and/or wrist area; deep	Requires TAR, Primary Surgeon/ Provider

Excision (continued)

Code	Description	Benefit Restrictions
25085	Capsulotomy, wrist	Requires TAR, Primary Surgeon/ Provider
25115	Radical excision of bursa/synovia of wrist; flexors	Assistant Surgeon services not payable

Introduction or Removal

Code	Description	Benefit Restrictions
25246	Injection procedure for wrist arthrography	Assistant Surgeon services not payable
25259	Manipulation, wrist, under anesthesia	Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
25350	Osteotomy, radius, distal third	Requires TAR, Primary Surgeon/ Provider
25355	Osteotomy, radius, middle or proximal third	Requires TAR, Primary Surgeon/ Provider
25360	Osteotomy, ulna	Requires TAR, Primary Surgeon/ Provider
25365	Osteotomy, radius and ulna	Requires TAR, Primary Surgeon/ Provider

Fracture and/or Dislocation

Code	Description	Benefit Restrictions
25505	Closed treatment of radial shaft fracture, with manipulation	Assistant Surgeon services not payable
25535	Closed treatment of ulnar shaft fracture, with manipulation	Assistant Surgeon services not payable
25605	Closed treatment of distal radial fracture, with manipulation	Assistant Surgeon services not payable
25622	Closed treatment of carpal scaphoid fracture	Assistant Surgeon services not payable

Fracture and/or Dislocation (continued)

Code	Description	Benefit Restrictions
25624	Closed treatment of carpal scaphoid fracture, manipulation	Assistant Surgeon services not payable
25635	Closed treatment of carpal bone fracture, with manipulation	Assistant Surgeon services not payable
25650	Closed treatment of ulnar styloid fracture	Assistant Surgeon services not payable
25660	Closed treatment of carpal dislocation, with manipulation	Assistant Surgeon services not payable
25675	Closed treatment of distal radioulnar dislocation	Assistant Surgeon services not payable
25690	Treatment lunate dislocation, with manipulation	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
25999	Unlisted procedure, forearm or wrist	Requires TAR, Primary Surgeon/ Provider

Hand and Fingers

Incision

Code	Description	Benefit Restrictions
26010	Drainage of finger abscess, simple	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
26115	Excision, tumor or vascular malformation, soft tissue of hand/finger; subcutaneous	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable
26116	Excision, tumor or vascular malformation, soft tissue of hand/finger; deep	Requires TAR, Primary Surgeon/ Provider

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
25448	Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed	Requires TAR, Primary Surgeon/ Provider
26340	Manipulation, finger joint, under anesthesia, each joint	Assistant Surgeon services not payable
26341	Manipulation, palmar fascial cord, post enzyme injection, single cord	Assistant Surgeon services not payable

Fracture and/or Dislocation

Code	Description	Benefit Restrictions
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	Assistant Surgeon services not payable
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	Assistant Surgeon services not payable
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; anesthesia	Assistant Surgeon services not payable
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	Assistant Surgeon services not payable
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	Assistant Surgeon services not payable
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; anesthesia	Assistant Surgeon services not payable
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	Assistant Surgeon services not payable
26720	Closed treatment of phalangeal shaft fracture; without manipulation, each	Assistant Surgeon services not payable
26725	Closed treatment of phalangeal shaft fracture; with manipulation, each	Assistant Surgeon services not payable
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangal joint, without manipulation, each	Assistant Surgeon services not payable
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangal joint, with manipulation, each	Assistant Surgeon services not payable

Fracture and/or Dislocation (continued)

Code	Description	Benefit Restrictions
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	Assistant Surgeon services not payable
26755	Closed treatment of distal phalangeal fracture, with manipulation, each	Assistant Surgeon services not payable
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	Assistant Surgeon services not payable
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; anesthesia	Assistant Surgeon services not payable
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
26989	Unlisted procedure, hands or fingers	Requires TAR, Primary Surgeon/ Provider

Pelvis and Hip Joint

Incision

Code	Description	Benefit Restrictions
26991	Incision and drainage, pelvis or hip joint, infected bursa	Assistant Surgeon services not payable
27000	Tenotomy, adductor of hip, percutaneous	Assistant Surgeon services not payable
27001	Tenotomy, adductor of hip, open	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
27043	Excision, tumor, soft tissue, pelvis and hip area, subcutaneous; 3 cm or greater	Assistant Surgeon services not payable
27048	Excision, tumor, deep, subfascial, intramuscular	Requires TAR, Primary Surgeon/ Provider

Introduction or Removal

Code	Description	Benefit Restrictions
27086	Removal of foreign body, pelvis or hip; subcutaneous tissue	Assistant Surgeon services not payable
27093	Injection procedure for hip arthrography; without anesthesia	Assistant Surgeon services not payable
27095	Injection procedure for hip arthrography; with anesthesia	Assistant Surgeon services not payable
27096	Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid	Assistant Surgeon services not payable

Repair Revision and/or Reconstruction

Code	Description	Benefit Restrictions
27130	Total hip arthroplasty	Requires TAR, Primary Surgeon/ Provider
27132	Total hip arthroplasty	Requires TAR, Primary Surgeon/ Provider
27134	Revision, total hip arthroplasty, both components	Requires TAR, Primary Surgeon/ Provider
27137	Revision, total hip arthroplasty, acetabular component only	Requires TAR, Primary Surgeon/ Provider
27138	Revision, total hip arthroplasty, femoral component only	Requires TAR, Primary Surgeon/ Provider

Fracture and/or Dislocation

Code	Description	Benefit Restrictions
27197	Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation; without manipulation	Assistant Surgeon services not payable

Manipulation

Code	Description	Benefit Restrictions
27275	Manipulation, hip joint, requiring general anesthesia	Assistant Surgeon services not payable

Arthrodesis

Code	Description	Benefit Restrictions
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
27299	Unlisted procedure, pelvis or hip joint	Requires TAR, Primary Surgeon/ Provider

Femur (Thigh Region) and Knee Joint

Excision

Code	Description	Benefit Restrictions
27323	Biopsy, thigh, soft tissues, superficial	Assistant Surgeon services not payable
27328	Excision, tumor; deep, subfascial, intramuscular	Requires TAR, Primary Surgeon/ Provider

Introduction or Removal

Code	Description	Benefit Restrictions
27369	Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography	Assistant Surgeon services not payable
27418	Anterior tibial tubercleplasty	Requires TAR, Primary Surgeon/ Provider
27420	Reconstruction of dislocating patella	Requires TAR, Primary Surgeon/ Provider
27422	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release	Requires TAR, Primary Surgeon/ Provider
27424	Reconstruction of dislocating patella; with patellectomy	Requires TAR, Primary Surgeon/ Provider

Introduction or Removal (continued)

Code	Description	Benefit Restrictions
27425	Lateral retinacular release, open	Requires TAR, Primary Surgeon/ Provider
27427	Ligamentous reconstruction, knee; extra-articular	Requires TAR, Primary Surgeon/ Provider
27428	Ligamentous reconstruction, knee; intra-articular	Requires TAR, Primary Surgeon/ Provider
27429	Ligamentous reconstruction, knee; intra-articular and extra-articular	Requires TAR, Primary Surgeon/ Provider
27437	Arthroplasty, patella; without prosthesis	Requires TAR, Primary Surgeon/ Provider
27438	Arthroplasty, patella; with prosthesis	Requires TAR, Primary Surgeon/ Provider
27440	Arthroplasty, knee, tibial plateau;	Requires TAR, Primary Surgeon/ Provider
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy	Requires TAR, Primary Surgeon/ Provider
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee	Requires TAR, Primary Surgeon/ Provider
27443	Arthroplasty, knee, femoral condyles or tibial plateaus; with debridement and partial synovectomy	Requires TAR, Primary Surgeon/ Provider
27446	Arthroplasty, knee, condyle and plateau; medial or lateral compartment	Requires TAR, Primary Surgeon/ Provider

Introduction or Removal (continued)

Code	Description	Benefit Restrictions
27447	Total knee anthroplasty	Requires TAR, Primary Surgeon/ Provider
27455	Osteotomy, proximal tibia; before epiphyseal closure	Requires TAR, Primary Surgeon/ Provider
27457	Osteotomy, proximal tibia; after epiphyseal closure	Requires TAR, Primary Surgeon/ Provider
27486	Revision of total knee arthroplasty; one component	Requires TAR, Primary Surgeon/ Provider
27487	Revision of total knee arthroplasty; femoral and entire tibial component	Requires TAR, Primary Surgeon/ Provider

Manipulation

Code	Description	Benefit Restrictions
27570	Manipulation of knee joint under general anesthesia	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
27599	Unlisted procedure, femur or knee	Requires TAR, Primary Surgeon/ Provider

Leg (Tibia and Fibula) and Ankle Joint

Incision

Code	Description	Benefit Restrictions
27604	Incision and drainage, leg or ankle; infected bursa	Assistant Surgeon services not payable
27605	Tenotomy, percutaneous, Achilles tendon; local anesthesia	Assistant Surgeon services not payable
27606	Tenotomy, percutaneous, Achilles tendon, general anesthesia	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
27613	Biopsy, lower leg, soft tissue; superficial	Assistant Surgeon services not payable
27618	Excision, tumor, leg or ankle area; subcutaneous tissue	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable
27619	Excision, tumor, leg or ankle area; deep, subfascial or intramuscular	Requires TAR, Primary Surgeon/ Provider

Introduction or removal

Code	Description	Benefit Restrictions
27648	Injection procedure for ankle arthrography	Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
‹‹27458	Osteotomy(ies), femur, unilateral, with insertion of an externally controlled intramedullary lengthening device, including iliotibial band release when performed, imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Requires TAR, Primary Surgeon/ Provider››
27700	Arthroplasty, ankle	Requires TAR, Primary Surgeon/ Provider
27702	Arthroplasty, ankle; with implant	Requires TAR, Primary Surgeon/ Provider
27703	Arthroplasty, ankle; revision, total ankle	Requires TAR, Primary Surgeon/ Provider
‹‹27713	Osteotomy(ies), tibia, including fibula when performed, unilateral, with insertion of an externally controlled intramedullary lengthening device, including imaging, alignment assessments, computations of adjustment schedules, and management of the intramedullary lengthening device	Requires TAR, Primary Surgeon/ Provider››

Manipulation

Code	Description	Benefit Restrictions
27860	Manipulation of ankle under general anesthesia	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
27899	Unlisted procedure, leg or ankle	Requires TAR, Primary Surgeon/ Provider

Foot and Toes

Incision

Code	Description	Benefit Restrictions
28001	Incision and drainage, bursa, foot	Assistant Surgeon services not payable
28002	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space	Assistant Surgeon services not payable
28003	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas	Assistant Surgeon services not payable
28008	Fasciotomy, foot and/or toe	Assistant Surgeon services not payable
28010	Tenotomy, percutaneous, toe; single tendon	Assistant Surgeon services not payable
28011	Tenotomy, percutaneous, toe; multiple tendons	Assistant Surgeon services not payable
28022	Arthrotomy, metatarsophalangeal joint	Assistant Surgeon services not payable
28024	Arthrotomy, interphalangeal joint	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
28043	Excision, tumor, foot; subcutaneous tissue	Assistant Surgeon services not payable
28045	Excision, tumor, deep, subfascial, intramuscular	Requires TAR, Primary Surgeon/ Provider
28090	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy); foot	Requires TAR, Primary Surgeon/ Provider
28092	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy); toe(s), each	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable

Introduction or Removal

Code	Description	Benefit Restrictions
28190	Removal of foreign body, foot; subcutaneous	Assistant Surgeon services not payable

Repair, Revision and/or Reconstruction

Code	Description	Benefit Restrictions
28272	Capsulotomy; interphalangeal joint, each joint	Assistant Surgeon services not payable
28285	Correction, hammertoe	Requires TAR, Primary Surgeon/ Provider
28286	Correction, cock-up fifth toe, with plastic skin closure	Requires TAR, Primary Surgeon/ Provider
28288	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Requires TAR, Primary Surgeon/ Provider
28292	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base	Requires TAR, Primary Surgeon/ Provider
28296	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy	Requires TAR, Primary Surgeon/ Provider
28297	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis	Requires TAR, Primary Surgeon/ Provider
28298	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy	Requires TAR, Primary Surgeon/ Provider
28299	Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy	Requires TAR, Primary Surgeon/ Provider

Repair, Revision and/or Reconstruction (continued)

Code	Description	Benefit Restrictions
28306	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Requires TAR, Primary Surgeon/ Provider
28308	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each	Requires TAR, Primary Surgeon/ Provider
28310	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe	Requires TAR, Primary Surgeon/ Provider
28312	Osteotomy other phalanges, any toe	Requires TAR, Primary Surgeon/ Provider
28313	Reconstruction, angular deformity of toe, soft tissue procedures only	Requires TAR, Primary Surgeon/ Provider
28315	Sesamoidectomy, first toe	Requires TAR, Primary Surgeon/ Provider
28340	Reconstruction, toe, macrodactyly, soft tissue resection	Requires TAR, Primary Surgeon/ Provider
28341	Reconstruction, toe, macrodactyly, requiring bone resection	Requires TAR, Primary Surgeon/ Provider
28344	Reconstruction, toe, polydactyly	Requires TAR, Primary Surgeon/ Provider
28345	Reconstruction, toe, syndactyly, with or without skin grafts, each web	Requires TAR, Primary Surgeon/ Provider
28360	Reconstruction, cleft foot	Requires TAR, Primary Surgeon/ Provider

Fracture and/or Dislocation

Code	Description	Benefit Restrictions
28430	Closed treatment of talus fracture	Assistant Surgeon services not payable
28435	Closed treatment of talus fracture, with manipulation	Assistant Surgeon services not payable
28436	Percutaneous skeletal fixation of talus fracture, with manipulation	Assistant Surgeon services not payable
28455	Treatment of tarsal bone fracture, with manipulation	Assistant Surgeon services not payable
28456	Percutaneous skeletal fixation of tarsal bone fracture, with manipulation, each	Assistant Surgeon services not payable
28465	Open treatment of tarsal bone fracture	Assistant Surgeon services not payable
28470	Closed treatment of metatarsal fracture	Assistant Surgeon services not payable
28475	Closed treatment of metatarsal fracture, with manipulation	Assistant Surgeon services not payable
28476	Percutaneous skeletal fixation of metatarsal fracture	Assistant Surgeon services not payable
28490	Closed treatment of fracture great toe	Assistant Surgeon services not payable
28495	Closed treatment of fracture great toe, with manipulation	Assistant Surgeon services not payable
28496	Percutaneous skeletal fixation of fracture great toe	Assistant Surgeon services not payable
28510	Closed treatment of fracture other than great toe	Assistant Surgeon services not payable
28515	Closed treatment of fracture other than great toe, with manipulation	Assistant Surgeon services not payable
28530	Closed treatment of sesamoid fracture	Assistant Surgeon services not payable
28540	Closed treatment of tarsal bone dislocation	Assistant Surgeon services not payable
28545	Closed treatment of tarsal bone dislocation, with anesthesia	Assistant Surgeon services not payable
28546	Percutaneous skeletal fixation tarsal bone dislocation, with manipulation	Assistant Surgeon services not payable

Fracture and/or Dislocation (continued)

Code	Description	Benefit Restrictions
28570	Closed treatment of talotarsal joint dislocation	Assistant Surgeon services not payable
28575	Closed treatment of talotarsal joint dislocation, with anesthesia	Assistant Surgeon services not payable
28600	Closed treatment of tarsometatarsal joint dislocation	Assistant Surgeon services not payable
28605	Closed treatment of tarsometatarsal joint dislocation, with anesthesia	Assistant Surgeon services not payable
28606	Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation	Assistant Surgeon services not payable
28630	Closed treatment of metatarsophalangeal joint dislocation	Assistant Surgeon services not payable
28635	Closed treatment of metatarsophalangeal joint dislocation; with anesthesia	Assistant Surgeon services not payable
28660	Closed treatment of interphalangeal joint dislocation	Assistant Surgeon services not payable
28665	Closed treatment of interphalangeal dislocation; with anesthesia	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
28890	Extracorporeal shock wave, high energy	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable
28899	Unlisted procedure, foot or toes	Requires TAR, Primary Surgeon/ Provider

Application of Casts and Strapping

Body and Upper Extremity Casts

Code	Description	Benefit Restrictions
29010	Application of Risser jacket, localizer, body	Assistant Surgeon services not payable
29015	Application of Risser jacket, localizer, including head	Assistant Surgeon services not payable
29035	Application of body cast, shoulder to hips	Assistant Surgeon services not payable
29040	Application of body cast, shoulder to hips; including head	Assistant Surgeon services not payable
29044	Application of body cast, shoulder to hips; one thigh	Assistant Surgeon services not payable
29046	Application of body cast, shoulder to hips; both thighs	Assistant Surgeon services not payable
29049	Application, cast; figure-of-eight	Assistant Surgeon services not payable
29055	Application, cast; shoulder spica	Assistant Surgeon services not payable
29058	Application, cast; plaster Velpeau	Assistant Surgeon services not payable
29065	Application, cast; shoulder to hand	Assistant Surgeon services not payable
29075	Application, cast; elbow to finger	Assistant Surgeon services not payable
29085	Application, cast; hand and lower forearm	Assistant Surgeon services not payable
29086	Application, cast; finger	Assistant Surgeon services not payable

Body and Upper Extremity Splints

Code	Description	Benefit Restrictions
29105	Application of long arm splint	Assistant Surgeon services not payable
29125	Application of short arm splint; static	Assistant Surgeon services not payable
29126	Application of short arm splint; dynamic	Assistant Surgeon services not payable

Body and Upper Extremity Splints (continued)

Code	Description	Benefit Restrictions
29130	Application of finger splint; static	Assistant Surgeon services not payable
29131	Application of finger splint; dynamic	Assistant Surgeon services not payable

Body and Upper Extremity Strapping – Any Age

Code	Description	Benefit Restrictions
29200	Strapping; thorax	Assistant Surgeon services not payable
29240	Strapping; shoulder	Assistant Surgeon services not payable
29260	Strapping; elbow or wrist	Assistant Surgeon services not payable
29280	Strapping; hand or finger	Assistant Surgeon services not payable

Lower Extremity Casts

Code	Description	Benefit Restrictions
29305	Application of hip spica cast; one leg	Assistant Surgeon services not payable
29325	Application of hip spica cast; both legs	Assistant Surgeon services not payable
29345	Application of long leg cast	Assistant Surgeon services not payable
29355	Application of long leg cast; ambulatory type	Assistant Surgeon services not payable
29358	Application of long leg cast brace	Assistant Surgeon services not payable
29365	Application of cylinder cast	Assistant Surgeon services not payable
29405	Application of short leg cast	Assistant Surgeon services not payable
29425	Application of short leg cast; ambulatory type	Assistant Surgeon services not payable
29435	Application of patellar tendon bearing cast	Assistant Surgeon services not payable

Lower Extremity Casts (continued)

Code	Description	Benefit Restrictions
29440	Adding walker to previously applied cast	Assistant Surgeon services not payable
29445	Application of rigid total contact leg cast	Assistant Surgeon services not payable
29450	Application of clubfoot cast, long or short leg	Assistant Surgeon services not payable

Lower Extremity Splints

Code	Description	Benefit Restrictions
29505	Application of long leg splint	Assistant Surgeon services not payable
29515	Application of short leg splint	Assistant Surgeon services not payable

Lower Extremity Strapping – Any Age

Code	Description	Benefit Restrictions
29520	Strapping; hip	Assistant Surgeon services not payable
29530	Strapping; knee	Assistant Surgeon services not payable
29540	Strapping; ankle and/or foot	Assistant Surgeon services not payable
29550	Strapping; toes	Assistant Surgeon services not payable
29580	Unna boot	Assistant Surgeon services not payable
29581	Application of multi-layer venous wound compression system, below knee	Assistant Surgeon services not payable
29584	Application of multi-layer compression system; upper arm, forearm, hand and fingers	Assistant Surgeon services not payable

Removal or Repair

Code	Description	Benefit Restrictions
29700	Removal or bivalving; gauntlet, boot or body cast	Assistant Surgeon services not payable
29705	Removal or bivalving; full arm or full leg cast	Assistant Surgeon services not payable
29710	Removal or bivalving; shoulder or hip spica	Assistant Surgeon services not payable
29720	Repair of spica, body cast or jacket	Assistant Surgeon services not payable
29730	Windowing of cast	Assistant Surgeon services not payable
29740	Wedging of cast	Assistant Surgeon services not payable
29750	Wedging of clubfoot cast	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
29799	Unlisted procedure, casting or strapping	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable

Arthroscopy

Arthroscopy

Code	Description	Benefit Restrictions
29800	Arthroscopy, temporomandibular joint, diagnostic	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable
29804	Arthroscopy, temporomandibular joint, surgical	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable

Arthroscopy (continued)

Code	Description	Benefit Restrictions
29805	Arthroscopy, shoulder, diagnostic	Assistant Surgeon services not payable
29819	Arthroscopy, shoulder, removal loose body	Assistant Surgeon services not payable
29820	Arthroscopy, shoulder, synovectomy	Assistant Surgeon services not payable
29821	Arthroscopy, shoulder, synovectomy, complete	Assistant Surgeon services not payable
29822	Arthroscopy, shoulder, debridement	Assistant Surgeon services not payable
29823	Arthroscopy, shoulder, debridement	Assistant Surgeon services not payable
29825	Arthroscopy, shoulder, lysis of adhesions	Assistant Surgeon services not payable
29826	Arthroscopy, shoulder, decompression of subacromial space	Assistant Surgeon services not payable
29827	Arthroscopy, with rotator cuff repair	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
29828	Arthroscopy, biceps tenodesis	Assistant Surgeon services not payable
29830	Arthroscopy, elbow, diagnostic	Assistant Surgeon services not payable

Arthroscopy (continued)

Code	Description	Benefit Restrictions
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Assistant Surgeon services not payable
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)	Assistant Surgeon services not payable
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
29834	Arthroscopy, elbow, removal loose body	Assistant Surgeon services not payable
29835	Arthroscopy, elbow, synovectomy	Assistant Surgeon services not payable
29836	Arthroscopy, synovectomy, complete	Assistant Surgeon services not payable
29837	Arthroscopy, debridement, limited	Assistant Surgeon services not payable
29838	Arthroscopy, elbow, debridement	Assistant Surgeon services not payable
29840	Arthroscopy, wrist, diagnostic	Assistant Surgeon services not payable
29843	Arthroscopy, wrist, surgical	Assistant Surgeon services not payable
29844	Arthroscopy, wrist, synovectomy, partial	Assistant Surgeon services not payable

Arthroscopy (continued)

Code	Description	Benefit Restrictions
29845	Arthroscopy, wrist, synovectomy, complete	Assistant Surgeon services not payable
29846	Arthroscopy, wrist, excision cartilage	Assistant Surgeon services not payable
29847	Arthroscopy, wrist, internal fixation	Assistant Surgeon services not payable
29848	Endoscopy, wrist, surgical, with release of carpal ligament	Assistant Surgeon services not payable
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy	Assistant Surgeon services not payable
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	Assistant Surgeon services not payable
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	Assistant Surgeon services not payable
29863	Arthroscopy, hip, surgical; with synovectomy	Assistant Surgeon services not payable
29866	Autograft knee implant with scope	Assistant Surgeon services not payable
29867	Autograft knee implant with scope	Assistant Surgeon services not payable
29868	Meniscal knee transplant with scope	Assistant Surgeon services not payable
29870	Arthroscopy, knee, diagnostic	Assistant Surgeon services not payable
29871	Arthroscopy, knee, surgical; for infection/lavage/drainage	Assistant Surgeon services not payable
29873	Arthroscopy, with lateral release	Assistant Surgeon services not payable
29874	Arthroscopy, knee, surgical, removal loose body	Assistant Surgeon services not payable

Arthroscopy (continued)

Code	Description	Benefit Restrictions
29875	Arthroscopy, knee, surgical, synovectomy, limited	Assistant Surgeon services not payable
29876	Arthroscopy, knee, surgical, synovectomy, major	Assistant Surgeon services not payable
29877	Arthroscopy, knee, surgical, debridement/shaving of articular cartilage	Assistant Surgeon services not payable
29879	Arthroscopy, knee, surgical, abrasion arthroplasty	Assistant Surgeon services not payable
29880	Arthroscopy, knee, surgical, meniscectomy (medial and lateral)	Assistant Surgeon services not payable
29881	Arthroscopy, knee, surgical, meniscectomy (medial or lateral)	Assistant Surgeon services not payable
29882	Arthroscopy, knee, surgical, meniscus repair (medial or lateral)	Assistant Surgeon services not payable
29883	Arthroscopy, knee, surgical, meniscus repair (medial and lateral)	Assistant Surgeon services not payable
29884	Arthroscopy, knee, surgical, lysis of adhesions	Assistant Surgeon services not payable
29885	Arthroscopy, knee, surgical, drilling for osteochondritis dissecans	Assistant Surgeon services not payable
29886	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion	Assistant Surgeon services not payable
29887	Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion with internal fixation	Assistant Surgeon services not payable
29891	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect	Assistant Surgeon services not payable
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation	Assistant Surgeon services not payable
29893	Endoscopic plantar fasciotomy	Assistant Surgeon services not payable

Arthroscopy (continued)

Code	Description	Benefit Restrictions
29894	Arthroscopy, ankle, surgical, removal loose body	Assistant Surgeon services not payable
29895	Arthroscopy, ankle, surgical, synovectomy	Assistant Surgeon services not payable
29897	Arthroscopy, ankle, surgical, debridement, limited	Assistant Surgeon services not payable
29898	Arthroscopy, ankle, surgical, debridement, extensive	Assistant Surgeon services not payable
29899	Arthroscopy, ankle, surgical, with ankle arthrodesis	Assistant Surgeon services not payable
29900	Arthroscopy, MCP joint, diagnostic	Assistant Surgeon services not payable
29904	Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body	Assistant Surgeon services not payable
29905	Arthroscopy, with synovectomy	Assistant Surgeon services not payable
29906	Arthroscopy, with debridement	Assistant Surgeon services not payable
29907	Arthroscopy, with subtalar arthrodesis	Assistant Surgeon services not payable
29999	Unlisted procedure, arthroscopy	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.