

TAR and Non-Standard Benefits List: Codes 10000 thru 19999

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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.

Anesthesia

Anesthesia services should be billed using the appropriate five-digit CPT anesthesia code (00100 thru 01999) and the appropriate anesthesia modifier. Refer to the *Anesthesia* section in the appropriate Part 2 manual for more detailed information.

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

Surgery

General

Code	Description	Benefit Restrictions
10004	Fine needle aspiration biopsy, without imaging guidance; each additional lesion	Assistant Surgeon services not payable
10005	Fine needle aspiration biopsy, including ultrasound guidance; first lesion	Assistant Surgeon services not payable
10006	Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion	Assistant Surgeon services not payable
10007	Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion	Assistant Surgeon services not payable
10008	Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion	Assistant Surgeon services not payable
10009	Fine needle aspiration biopsy, including CT guidance; first lesion	Assistant Surgeon services not payable
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion	Assistant Surgeon services not payable
10011	Fine needle aspiration biopsy, including MR guidance; first lesion	Assistant Surgeon services not payable

General (continued)

Code	Description	Benefit Restrictions
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion	Assistant Surgeon services not payable
10021	Fine needle aspiration biopsy, without imaging guidance; first lesion	Assistant Surgeon services not payable

Integumentary SystemSkin, Subcutaneous and Accessory Structures**Introduction and Removal**

Code	Description	Benefit Restrictions
10030	Image-guided fluid collection by catheter; soft tissue, percutaneous	Assistant Surgeon services not payable
10035	Placement of soft tissue localization device(s), percutaneous; first lesion	Assistant Surgeon services not payable
10036	Placement of soft tissue localization device(s), percutaneous; each additional lesion	Assistant Surgeon services not payable

Incision and Drainage

Code	Description	Benefit Restrictions
10040	Acne surgery	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
10060	Incision/drainage abscess, simple or single	Assistant Surgeon services not payable
10080	Incision/drainage pilonidal cyst, simple	Assistant Surgeon services not payable
10120	Incision/removal foreign body, simple	Assistant Surgeon services not payable
10140	Incision/drainage hematoma	Assistant Surgeon services not payable
10160	Puncture aspiration	Assistant Surgeon services not payable

Excision – Debridement

Code	Description	Benefit Restrictions
11000	Debridement of extensive eczematous or infected skin	Assistant Surgeon services not payable

Excision – Debridement (continued)

Code	Description	Benefit Restrictions
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof	Assistant Surgeon services not payable
11042	Debridement, subcutaneous tissue; first 20 sq cm or less	Assistant Surgeon services not payable
11043	Debridement, muscle and/or fascia; first 20 sq cm or less	Assistant Surgeon services not payable
11044	Debridement, bone; first 20 sq cm or less	Assistant Surgeon services not payable
11045	Debridement, subcutaneous tissue; each additional 20 sq cm or part thereof	Assistant Surgeon services not payable
11046	Debridement, muscle and/or fascia; each additional 20 sq cm or part thereof	Assistant Surgeon services not payable
11047	Debridement, bone; each additional 20 sq cm or part thereof	Assistant Surgeon services not payable

Pairing or Cutting

Code	Description	Benefit Restrictions
11055	Paring or cutting of benign hyperkeratotic lesion; single lesion	Assistant Surgeon services not payable
11056	Paring or cutting of benign hyperkeratotic lesion; two to four lesions	Assistant Surgeon services not payable
11057	Paring or cutting of benign hyperkeratotic lesion; more than four lesions	Assistant Surgeon services not payable

Biopsy

Code	Description	Benefit Restrictions
11102	Tangential biopsy of skin; single lesion	Assistant Surgeon services not payable
11103	Tangential biopsy of skin; each separate/additional lesion	Assistant Surgeon services not payable
11104	Punch biopsy of skin (including simple closure, when performed); single lesion	Assistant Surgeon services not payable
11105	Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion	Assistant Surgeon services not payable
11106	Incisional biopsy of skin (including simple closure, when performed); single lesion	Assistant Surgeon services not payable
11107	Incisional biopsy of skin (including simple closure, when performed); each separate/additional lesion	Assistant Surgeon services not payable

Excision – Benign Lesions

Code	Description	Benefit Restrictions
11200	Removal, skin tags, up to and including 15 lesions	Assistant Surgeon services not payable
11201	Removal, skin tags, each additional 10 lesions, or part thereof	Assistant Surgeon services not payable
11300	Shaving, epidermal or dermal lesion, 0.5 cm or less	Assistant Surgeon services not payable
11301	Shaving, epidermal or dermal lesion, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11302	Shaving, epidermal or dermal lesion, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11303	Shaving, epidermal or dermal lesion, over 2.0 cm	Assistant Surgeon services not payable
11305	Shaving, epidermal or dermal lesion, 0.5 cm or less	Assistant Surgeon services not payable
11306	Shaving, epidermal or dermal lesion, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11307	Shaving, epidermal or dermal lesion, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11308	Shaving, epidermal or dermal lesion, over 2.0 cm	Assistant Surgeon services not payable
11310	Shaving, epidermal or dermal lesion, 0.5 cm or less	Assistant Surgeon services not payable
11311	Shaving, epidermal or dermal lesion, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11312	Shaving, epidermal or dermal lesion, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11313	Shaving, epidermal or dermal lesion, over 2.0 cm	Assistant Surgeon services not payable
11400	Excision, benign lesion, including margins, 0.5 cm or less	Assistant Surgeon services not payable
11401	Excision, benign lesion, including margins, 0.6 to 1.0 cm	Assistant Surgeon services not payable

Excision – Benign Lesions (continued)

Code	Description	Benefit Restrictions
11402	Excision, benign lesion, including margins, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11403	Excision, benign lesion, including margins, 2.1 to 3.0 cm	Assistant Surgeon services not payable
11404	Excision, benign lesion, including margins, 3.1 to 4.0 cm	Assistant Surgeon services not payable
11406	Excision, benign lesion, including margins, over 4.0 cm	Assistant Surgeon services not payable
11420	Excision, benign lesion, including margins, 0.5 cm or less	Assistant Surgeon services not payable
11421	Excision, benign lesion, including margins, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11422	Excision, benign lesion, including margins, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11423	Excision, benign lesion, including margins, 2.1 to 3.0 cm	Assistant Surgeon services not payable
11424	Excision, benign lesion, including margins, 3.1 to 4.0 cm	Assistant Surgeon services not payable
11426	Excision, benign lesion, including margins, over 4.0 cm	Assistant Surgeon services not payable
11440	Excision, other benign lesion, including margins, 0.5 cm or less	Assistant Surgeon services not payable
11441	Excision, other benign lesion, including margins, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11442	Excision, other benign lesion, including margins, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11443	Excision, other benign lesion, including margins, 2.1 to 3.0 cm	Assistant Surgeon services not payable
11444	Excision, other benign lesion, including margins, 3.1 to 4.0 cm	Assistant Surgeon services not payable
11446	Excision, other benign lesion, including margins, over 4.0 cm	Assistant Surgeon services not payable

Excision – Benign Lesions (continued)

Code	Description	Benefit Restrictions
11450	Excision, skin, hidradenitis, axillary, simple	Assistant Surgeon services not payable
11451	Excision, skin, hidradenitis, axillary, complex	Assistant Surgeon services not payable
11462	Excision, skin, hidradenitis, inguinal, simple	Assistant Surgeon services not payable
11463	Excision, skin, hidradenitis, inguinal, complex	Assistant Surgeon services not payable
11470	Excision, skin, hidradenitis, perianal, perineal, simple	Assistant Surgeon services not payable
11471	Excision, skin, hidradenitis, perianal, perineal, complex	Assistant Surgeon services not payable

Excision – Malignant Lesions

Code	Description	Benefit Restrictions
11600	Excision, malignant lesion, including margins, trunk, arms, or legs, 0.5 cm or less	Assistant Surgeon services not payable
11601	Excision, malignant lesion, including margins, trunk, arms, or legs, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11602	Excision, malignant lesion, including margins, trunk, arms, or legs, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11603	Excision malignant lesion, including margins, trunk, arms, or legs, 2.1 cm to 3 cm	Assistant Surgeon services not payable
11604	Excision malignant lesion, including margins, trunk, arms, or legs, 3.1 cm to 4 cm	Assistant Surgeon services not payable
11606	Excision malignant lesion, including margins, trunk, arms, or legs, more than 4 cm	Assistant Surgeon services not payable
11620	Excision, malignant lesion, including margins, scalp, neck, hands, feet, genitalia, 0.5 cm or less	Assistant Surgeon services not payable
11621	Excision, malignant lesion, including margins, scalp, neck, hands, feet, genitalia, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11622	Excision, malignant lesion, including margins, scalp, neck, hands, feet, genitalia, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11623	Excision malignant lesion, including margins, scalp, neck, hands, feet, genitalia, 2.1 cm to 3 cm	Assistant Surgeon services not payable
11624	Excision malignant lesion, including margins, scalp, neck, hands, feet, genitalia, 3.1 cm to 4 cm	Assistant Surgeon services not payable
11626	Excision malignant lesion, including margins, scalp, neck, hands, feet, genitalia, more than 4 cm	Assistant Surgeon services not payable

Excision – Malignant Lesions (continued)

Code	Description	Benefit Restrictions
11640	Excision, malignant lesion, including margins, face, ears, eyelids, nose, lips, 0.5 cm or less	Assistant Surgeon services not payable
11641	Excision, malignant lesion, including margins, face, ears, eyelids, nose, lips, 0.6 to 1.0 cm	Assistant Surgeon services not payable
11642	Excision, malignant lesion, including margins, face, ears, eyelids, nose, lips, 1.1 to 2.0 cm	Assistant Surgeon services not payable
11643	Excision malignant lesion, including margins, face, ears, eyelids, nose, lips, 2.1 cm to 3 cm	Assistant Surgeon services not payable
11644	Excision malignant lesion, including margins, face, ears, eyelids, nose, lips, 3.1 cm to 4 cm	Assistant Surgeon services not payable
11646	Excision malignant lesion, including margins, face, ears, eyelids, nose, lips, more than 4 cm	Assistant Surgeon services not payable

Nails

Code	Description	Benefit Restrictions
11719	Trimming of nondystrophic nails, any number	Non-Standard Benefit
11730	Avulsion nail plate, simple, single	Assistant Surgeon services not payable
11732	Avulsion nail plate, each additional plate	Assistant Surgeon services not payable
11740	Evacuation subungual hematoma	Assistant Surgeon services not payable
11750	Excision, nail, nail matrix	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
11755	Biopsy, nail unit	Assistant Surgeon services not payable
11760	Repair of nail bed	Assistant Surgeon services not payable
11765	Wedge excision of skin of nail fold	Assistant Surgeon services not payable

Miscellaneous

Code	Description	Benefit Restrictions
11770	Excision, pilonidal cyst or sinus, simple	Assistant Surgeon services not payable
11771	Excision, pilonidal cyst or sinus, extensive	Requires TAR, Primary Surgeon/Provider
11772	Excision, pilonidal cyst or sinus, complicated	Requires TAR, Primary Surgeon/Provider

Introduction

Code	Description	Benefit Restrictions
11900	Injection, intralesional, up to and including 7 lesions	Assistant Surgeon services not payable
11901	Injection, intralesional, more than 7 lesions	Assistant Surgeon services not payable
11920	Tattooing	Non-Standard Benefit
11921	Tattooing	Non-Standard Benefit
11922	Tattooing	Non-Standard Benefit
11950	Subcutaneous injection, filling material	Non-Standard Benefit
11951	Subcutaneous injection, filling material	Non-Standard Benefit
11952	Subcutaneous injection, filling material	Non-Standard Benefit
11954	Subcutaneous injection, filling material	Non-Standard Benefit
11960	Insertion, tissue expander(s) for other than breast	Requires TAR, Primary Surgeon/Provider
11970	Replacement of tissue expander with permanent implant	Requires TAR, Primary Surgeon/Provider
11971	Removal of tissue expander without insertion of implant	Requires TAR, Primary Surgeon/Provider
11976	Removal implantable contraceptive capsules	Assistant Surgeon services not payable
11980	Subcutaneous hormone pellet implantation	Assistant Surgeon services not payable

Repair – Simple

Code	Description	Benefit Restrictions
12001	Repair, simple, superficial, 2.5 cm or less	Assistant Surgeon services not payable
12002	Repair, simple, superficial, 2.6 cm to 7.5 cm	Assistant Surgeon services not payable
12004	Repair, simple, superficial, 7.6 cm to 12.5 cm	Assistant Surgeon services not payable
12005	Repair, simple, superficial, 12.6 to 20.0 cm	Assistant Surgeon services not payable
12006	Repair, simple, superficial, 20.1 to 30.0 cm	Assistant Surgeon services not payable
12007	Repair, simple, superficial, over 30.0 cm	Assistant Surgeon services not payable
12011	Repair, simple, superficial, 2.5 cm or less	Assistant Surgeon services not payable
12013	Repair, simple, superficial, 2.6 to 5.0 cm	Assistant Surgeon services not payable
12014	Repair, simple, superficial, 5.1 to 7.5 cm	Assistant Surgeon services not payable
12015	Repair, simple, superficial, 7.6 to 12.5 cm	Assistant Surgeon services not payable
12016	Repair, simple, superficial, 12.6 to 20.0 cm	Assistant Surgeon services not payable
12020	Treatment, superficial wound dehiscence, simple	Assistant Surgeon services not payable
12021	Treatment, superficial wound dehiscence, packing	Assistant Surgeon services not payable

Repair – Intermediate

Code	Description	Benefit Restrictions
12031	Repair, intermediate, 2.5 cm or less	Assistant Surgeon services not payable
12032	Repair, intermediate, 2.6 to 7.5 cm	Assistant Surgeon services not payable
12034	Repair, intermediate, 7.6 to 12.5 cm	Assistant Surgeon services not payable
12035	Repair, intermediate, 12.6 to 20.0 cm	Assistant Surgeon services not payable

Repair – Intermediate (continued)

Code	Description	Benefit Restrictions
12036	Repair, intermediate, 20.1 to 30.0 cm	Assistant Surgeon services not payable
12041	Repair, intermediate, 2.5 cm or less	Assistant Surgeon services not payable
12042	Repair, intermediate, 2.6 to 7.5 cm	Assistant Surgeon services not payable
12044	Repair, intermediate, 7.6 to 12.5 cm	Assistant Surgeon services not payable
12045	Repair, intermediate, 12.6 to 20.0 cm	Assistant Surgeon services not payable
12051	Repair, intermediate, 2.5 cm or less	Assistant Surgeon services not payable
12052	Repair, intermediate, 2.6 to 5.0 cm	Assistant Surgeon services not payable
12053	Repair, intermediate, 5.1 to 7.5 cm	Assistant Surgeon services not payable
12054	Repair, intermediate, 7.6 to 12.5 cm	Assistant Surgeon services not payable

Repair – Complex

Code	Description	Benefit Restrictions
13100	Repair, complex, trunk; 1.1 to 2.5 cm	Assistant Surgeon services not payable
13101	Repair, complex, trunk; 2.6 to 7.5 cm	Assistant Surgeon services not payable
13102	Repair, complex, trunk; each additional 5 cm or less	Assistant Surgeon services not payable
13120	Repair, complex, scalp, arms, legs; 1.1 to 2.5 cm	Assistant Surgeon services not payable

Repair – Complex (continued)

Code	Description	Benefit Restrictions
13121	Repair, complex, scalp, arms, legs; 2.6 to 7.5 cm	Assistant Surgeon services not payable
13122	Repair, complex, scalp, arms, legs; each additional 5 cm or less	Assistant Surgeon services not payable
13131	Repair, complex, 1.1 to 2.5 cm	Assistant Surgeon services not payable
13151	Repair, complex, face, 1.1 to 2.5 cm	Assistant Surgeon services not payable

Autografts/Tissue Cultured Autograft

Code	Description	Benefit Restrictions
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Requires TAR, Primary Surgeon/Provider
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/Provider
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Requires TAR, Primary Surgeon/Provider
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/Provider
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Requires TAR, Primary Surgeon/Provider

Autografts/Tissue Cultured Autograft (continued)

Code	Description	Benefit Restrictions
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/Provider
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Requires TAR, Primary Surgeon/Provider
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/Provider
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Assistant Surgeon services not payable
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm	Assistant Surgeon services not payable
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1 percent of body area in infants and children	Assistant Surgeon services not payable
15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less	Assistant Surgeon services not payable
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm	Assistant Surgeon services not payable
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1 percent of body area of infants and children	Assistant Surgeon services not payable

Skin Substitute Grafts

Code	Description	Benefit Restrictions
15271	Application to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Assistant Surgeon services not payable
15272	Application to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area	Assistant Surgeon services not payable
15273	Application to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1 percent of body area of infants and children	Assistant Surgeon services not payable
15274	Application to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm, or each additional 1 percent of body area of infants and children	Assistant Surgeon services not payable
15275	Application to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Assistant Surgeon services not payable
15276	Application to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area	Assistant Surgeon services not payable
15277	Application to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1 percent of body area of infants and children	Assistant Surgeon services not payable
15278	Application to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or each additional 1 percent of body area of infants and children	Assistant Surgeon services not payable
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	Assistant Surgeon services not payable
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	Assistant Surgeon services not payable

Other Flaps and Grafts

Code	Description	Benefit Restrictions
15769	Grafting of autologous soft tissue, other, harvested by direct excision	Requires TAR, Primary Surgeon/Provider
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and /or legs; 50 cc or less injectate	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and /or legs; each additional 50 cc or less injectate, or part thereof	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and /or feet; 25 cc or less injectate	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and /or feet; each additional 25 cc injectate, or part thereof	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
15775	Punch graft for hair transplant	Non-Standard Benefit
15776	Punch graft for hair transplant	Non-Standard Benefit
15777	Implantation of biologic implant for soft tissue reinforcement	Assistant Surgeon services not payable

Miscellaneous Procedures

Code	Description	Benefit Restrictions
15780	Dermabrasion; total face	Requires TAR, Primary Surgeon/Provider
15781	Dermabrasion; segmental, face	Requires TAR, Primary Surgeon/Provider

Miscellaneous Procedures (continued)

Code	Description	Benefit Restrictions
15782	Dermabrasion; regional, other than face	Requires TAR, Primary Surgeon/Provider
15783	Dermabrasion; superficial, any site	Assistant Surgeon services not payable
15788	Chemical peel, facial; epidermal	Requires TAR, Primary Surgeon/Provider
15789	Chemical peel, facial; dermal	Requires TAR, Primary Surgeon/Provider
15792	Chemical peel, nonfacial; epidermal	Requires TAR, Primary Surgeon/Provider
15793	Chemical peel, nonfacial; dermal	Requires TAR, Primary Surgeon/Provider
15820	Blepharoplasty, lower eyelid	Requires TAR, Primary Surgeon/Provider
15821	Blepharoplasty, lower eyelid; herniated fat pad	Requires TAR, Primary Surgeon/Provider
15822	Blepharoplasty, upper eyelid	Requires TAR, Primary Surgeon/Provider
15823	Blepharoplasty, upper eyelid; excessive skin	Requires TAR, Primary Surgeon/Provider
15824	Rhytidectomy; forehead	Non-Standard Benefit
15825	Rhytidectomy; neck	Non-Standard Benefit
15826	Rhytidectomy; frown lines	Non-Standard Benefit
15828	Rhytidectomy; cheek, chin and neck	Non-Standard Benefit
15829	Rhytidectomy; superficial musculoaponeurotic system	Non-Standard Benefit
15830	Excision, excessive skin; abdomen	Non-Standard Benefit
15832	Excision, excessive skin; thigh	Non-Standard Benefit

Miscellaneous Procedures (continued)

Code	Description	Benefit Restrictions
15833	Excision, excessive skin; leg	Non-Standard Benefit
15834	Excision, excessive skin; hip	Non-Standard Benefit
15835	Excision, excessive skin; buttock	Non-Standard Benefit
15836	Excision, excessive skin; arm	Non-Standard Benefit
15837	Excision, excessive skin; forearm and hand	Non-Standard Benefit
15838	Excision, excessive skin; submental fat pad	Non-Standard Benefit
15839	Excision, excessive skin; other area	Non-Standard Benefit
15840	Graft for facial nerve paralysis; free fascia graft	Requires TAR, Primary Surgeon/Provider
15841	Graft for facial nerve paralysis; free muscle graft	Requires TAR, Primary Surgeon/Provider
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	Requires TAR, Primary Surgeon/Provider
15845	Graft for facial nerve paralysis; regional muscle transfer	Requires TAR, Primary Surgeon/Provider
15847	Excision, excessive skin; abdomen	Non-Standard Benefit
15851	Removal of sutures under anesthesia, other surgeon	Assistant Surgeon services not payable
15852	Dressing change under anesthesia	Non-Standard Benefit
15853	Removal of sutures or staples not requiring anesthesia	Non-Standard Benefit
15854	Removal of sutures and staples not requiring anesthesia	Non-Standard Benefit
15860	I.V. injection of agent to test vascular flow in flap or graft	Assistant Surgeon services not payable
15876	Suction assisted lipectomy; head and neck	Non-Standard Benefit
15877	Suction assisted lipectomy; trunk	Non-Standard Benefit
15878	Suction assisted lipectomy; upper extremity	Non-Standard Benefit
15879	Suction assisted lipectomy; lower extremity	Non-Standard Benefit

Destruction**Pressure Ulcers (Decubitus Ulcers)**

Code	Description	Benefit Restrictions
15999	Unlisted procedure, excision pressure ulcer	Requires TAR, Primary Surgeon/Provider

Burns, Local Treatment

Code	Description	Benefit Restrictions
16000	Initial treatment, first degree burn	Assistant Surgeon services not payable
17000	Destruction, premalignant lesions; first lesion	Assistant Surgeon services not payable
17003	Destruction, premalignant lesions; second through 14 lesions, each	Assistant Surgeon services not payable
17004	Destruction, premalignant lesions, 15 or more lesions	Assistant Surgeon services not payable
17106	Destruction, cutaneous vascular proliferative lesions, less 10 sq cm	Assistant Surgeon services not payable
17107	Destruction, cutaneous vascular proliferative lesions, 10 to 50 sq cm	Assistant Surgeon services not payable
17108	Destruction, cutaneous vascular proliferative lesions, over 50 sq cm	Assistant Surgeon services not payable
17110	Destruction of benign lesions other than skin tags or cutaneous vascular lesions; up to 14 lesions	Assistant Surgeon services not payable
17111	Destruction of benign lesions other than skin tags or cutaneous vascular lesions; 15 or more lesions	Assistant Surgeon services not payable
17250	Chemical cauterization of granulation tissue (ie proud flesh)	Assistant Surgeon services not payable
17260	Destruction, malignant lesion, trunk, arms or legs; 0.5 cm or less	Assistant Surgeon services not payable
17261	Destruction, malignant lesion, trunk, arms or legs; 0.6 to 1.0 cm	Assistant Surgeon services not payable
17262	Destruction, malignant lesion trunk, arms or legs; 1.1 to 2.0 cm	Assistant Surgeon services not payable
17263	Destruction, malignant lesion, trunk, arms or legs; 2.1 to 3.0 cm	Assistant Surgeon services not payable
17264	Destruction, malignant lesion, trunk, arms or legs; 3.1 to 4.0 cm	Assistant Surgeon services not payable
17266	Destruction, malignant lesion, trunk, arms or legs; over 4.0 cm	Assistant Surgeon services not payable

Burns, Local Treatment (continued)

Code	Description	Benefit Restrictions
17270	Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; 0.5 cm or less	Assistant Surgeon services not payable
17271	Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; 0.6 to 1.0 cm	Assistant Surgeon services not payable
17272	Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; 1.1 to 2.0 cm	Assistant Surgeon services not payable
17273	Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; 2.1 to 3.0 cm	Assistant Surgeon services not payable
17274	Destruction, malignant lesion scalp, neck, hands, feet, genitalia; 3.1 to 4.0 cm	Assistant Surgeon services not payable
17276	Destruction, malignant lesion, scalp, neck, hands, feet, genitalia; over 4.0 cm	Assistant Surgeon services not payable
17280	Destruction, malignant lesion, face, ears, eyelids, nose, lips, mucous membrane; 0.5 cm or less	Assistant Surgeon services not payable
17281	Destruction, malignant lesion, face, ears, eyelids, nose, lips, mucous membrane; 0.6 to 1.0 cm	Assistant Surgeon services not payable
17282	Destruction, malignant lesion, face, ears, eyelids, nose, lips, mucous membrane; 1.1 to 2.0 cm	Assistant Surgeon services not payable
17283	Destruction, malignant lesion, face, ears, eyelids, nose, lips, mucous membrane; 2.1 to 3.0 cm	Assistant Surgeon services not payable
17284	Destruction, malignant lesion, face, ears, eyelids, nose, lips, mucous membrane; 3.1 to 4.0 cm	Assistant Surgeon services not payable
17286	Destruction, malignant lesion, face, ears, eyelids, nose, lips, mucous membrane; over 4.0 cm	Assistant Surgeon services not payable
17311	Chemosurgery (Mohs'); first stage, fresh tissue technique, up to 5 specimens	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
17312	Chemosurgery (Mohs'); second stage, fixed/fresh tissue, up to 5 specimens	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable

Burns, Local Treatment (continued)

Code	Description	Benefit Restrictions
17313	Chemosurgery (Mohs'); third stage, fixed/fresh tissue, up to 5 specimens	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
17314	Chemosurgery (Mohs'); additional stage(s), up to 5 specimens	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
17315	Chemosurgery (Mohs'); more than 5 specimens, any stage	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
17340	Cryotherapy for acne	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
17360	Chemical exfoliation for acne	Requires TAR, Primary Surgeon/Provider, Assistant Surgeon services not payable
17380	Electrolysis	Non-Standard Benefit
17999	Unlisted procedure, skin, mucous membrane	Requires TAR, Primary Surgeon/Provider

Breast**Incision**

Code	Description	Benefit Restrictions
19030	Injection procedure, mammary ductogram	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
19081	Biopsy, breast, with placement of breast localization device(s), and imaging of biopsy specimen, percutaneous; first lesion, including stereotactic guidance	Assistant Surgeon services not payable
19082	Biopsy, breast, with placement of breast localization device(s), each additional lesion, including stereotactic guidance	Assistant Surgeon services not payable
19083	Biopsy, breast, with placement of breast localization device(s), and imaging of biopsy specimen, percutaneous; first lesion, including ultrasound guidance	Assistant Surgeon services not payable
19084	Biopsy, breast, with placement of breast localization device(s), each additional lesion, including ultrasound guidance	Assistant Surgeon services not payable
19085	Biopsy, breast, with placement of breast localization device(s), and imaging of biopsy specimen, percutaneous; first lesion, including magnetic resonance guidance	Assistant Surgeon services not payable
19086	Biopsy, breast, with placement of breast localization device(s), each additional lesion, including magnetic resonance guidance	Assistant Surgeon services not payable
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance	Assistant Surgeon services not payable
19105	Ablation, cryosurgical	Non-Standard Benefit

Introduction

Code	Description	Benefit Restrictions
19281	Placement of breast localization device(s), percutaneous; first lesion, including mammographic guidance	Assistant Surgeon services not payable
19282	Placement of breast localization device(s); each additional lesion, including mammographic guidance	Assistant Surgeon services not payable
19283	Placement of breast localization device(s), percutaneous; first lesion, including stereotactic guidance	Assistant Surgeon services not payable
19284	Placement of breast localization device(s); each additional lesion, including stereotactic guidance	Assistant Surgeon services not payable
19285	Placement of breast localization device(s), percutaneous; first lesion, including ultrasound guidance	Assistant Surgeon services not payable
19286	Placement of breast localization device(s); each additional lesion, including ultrasound guidance	Assistant Surgeon services not payable
19287	Placement of breast localization device(s), percutaneous; first lesion, including magnetic resonance guidance	Assistant Surgeon services not payable
19288	Placement of breast localization device(s); each additional lesion, including magnetic resonance guidance	Assistant Surgeon services not payable
19296	Preoperative placement of breast catheter for radiology	Assistant Surgeon services not payable
19297	Placement of breast catheter for radiology	Assistant Surgeon services not payable
19298	Placement of breast radiology tubes/catheters	Assistant Surgeon services not payable

Mastectomy Procedures

Code	Description	Benefit Restrictions
19300	Mastectomy for gynecomastia	Requires TAR, Primary Surgeon/Provider
19301	Mastectomy, partial	Requires TAR, Primary Surgeon/Provider
19302	Mastectomy, partial; with axillary lymphadenectomy	Requires TAR, Primary Surgeon/Provider
19303	Mastectomy, simple, complete	Requires TAR, Primary Surgeon/Provider
19305	Mastectomy, radical	Requires TAR, Primary Surgeon/Provider
19306	Mastectomy, radical, urban type	Requires TAR, Primary Surgeon/Provider
19307	Mastectomy, modified radical	Requires TAR, Primary Surgeon/Provider

Repair and Reconstruction

Code	Description	Benefit Restrictions
19316	Mastopexy	Requires TAR, Primary Surgeon/Provider
19318	Breast reduction	Requires TAR, Primary Surgeon/Provider

Repair and Reconstruction (continued)

Code	Description	Benefit Restrictions
19325	Breast augmentation with implant	Requires TAR, Primary Surgeon/Provider
19328	Removal of intact breast implant	Requires TAR, Primary Surgeon/Provider
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Requires TAR, Primary Surgeon/Provider
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Requires TAR, Primary Surgeon/Provider
19342	Insertion or replacement of breast implant on separate day from mastectomy	Requires TAR, Primary Surgeon/Provider
19350	Nipple/areola reconstruction	Requires TAR, Primary Surgeon/Provider
19355	Correction inverted nipples	Non-Standard Benefit
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Requires TAR, Primary Surgeon/Provider
19361	Breast reconstruction; with latissimus dorsi flap	Requires TAR, Primary Surgeon/Provider
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Requires TAR, Primary Surgeon/Provider
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	Requires TAR, Primary Surgeon/Provider

Repair and Reconstruction (continued)

Code	Description	Benefit Restrictions
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	Requires TAR, Primary Surgeon/Provider
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Requires TAR, Primary Surgeon/Provider
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	Requires TAR, Primary Surgeon/Provider
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	Requires TAR, Primary Surgeon/Provider
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	Requires TAR, Primary Surgeon/Provider
19396	Preparation, moulage for custom breast implant	Requires TAR, Primary Surgeon/Provider
19499	Unlisted procedure, breast	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.