

TAR and Non-Benefit List: Codes 30000 thru 39999

Page updated: January 2021

Surgery

Respiratory System

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

Nose

Incision

Code	Description	Benefit Restrictions
30000	Drainage abscess or hematoma, nasal	Assistant Surgeon services not payable
30020	Drainage abscess or hematoma, nasal septum	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
30100	Biopsy, intranasal	Assistant Surgeon services not payable
30110	Excision, nasal polyp(s), simple	Assistant Surgeon services not payable
30115	Excision of nose polyp(s), extensive	Assistant Surgeon services not payable
30120	Excision, skin of nose for rhinophyma	Assistant Surgeon services not payable
30124	Excision, dermoid cyst, nose, subcutaneous	Assistant Surgeon services not payable
30130	Excision inferior turbinate, partial or complete, any method	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
30140	Submucous resection inferior turbinate, partial or complete, any method	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
30200	Injection into turbinate(s), therapeutic	Assistant Surgeon services not payable
30210	Displacement therapy	Assistant Surgeon services not payable
30220	Insertion nasal septal prosthesis	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Removal, Foreign Body

Code	Description	Benefit Restrictions
30300	Removal foreign body, intranasal; office type procedure	Assistant Surgeon services not payable
30310	Removal foreign body, intranasal, with anesthesia	Assistant Surgeon services not payable
30320	Removal foreign body, intranasal, by lateral rhinotomy	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Requires TAR, Primary Surgeon/ Provider
30410	Rhinoplasty, primary; complete	Requires TAR, Primary Surgeon/ Provider
30420	Rhinoplasty, primary; including major septal repair	Requires TAR, Primary Surgeon/ Provider
30430	Rhinoplasty, secondary, minor revision	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Repair (continued)

Code	Description	Benefit Restrictions
30435	Rhinoplasty, secondary, intermediate revision	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
30450	Rhinoplasty, secondary, major revision	Requires TAR, Primary Surgeon/ Provider
30460	Rhinoplasty for nasal deformity, secondary	Requires TAR, Primary Surgeon/ Provider
30462	Rhinoplasty for nasal deformity, secondary, with columellar lengthening	Requires TAR, Primary Surgeon/ Provider
30465	Repair of nasal vestibular stenosis	Requires TAR, Primary Surgeon/ Provider
«30469	Repair of nasal valve collapse with low energy, temperature-controlled (i.e., radiofrequency) subcutaneous/submucosal remodeling	Assistant Surgeon services not payable»
30520	Septoplasty or submucous resection	Requires TAR, Primary Surgeon/ Provider
30560	Lysis intranasal synechia	Assistant Surgeon services not payable

Destruction

Code	Description	Benefit Restrictions
30801	Cautery and/or ablation, mucosa of inferior turbinates; superficial	Assistant Surgeon services not payable
30802	Cautery and/or ablation, mucosa of turbinates; intramural	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
30901	Control nasal hemorrhage, anterior, simple	Assistant Surgeon services not payable
30903	Control nasal hemorrhage, anterior, complex	Assistant Surgeon services not payable
30905	Control nasal hemorrhage, posterior; initial	Assistant Surgeon services not payable
30906	Control nasal hemorrhage, posterior; subsequent	Assistant Surgeon services not payable
30930	Fracture nasal inferior turbinate, therapeutic	Assistant Surgeon services not payable
30999	Unlisted procedure, nose	Requires TAR, Primary Surgeon/ Provider

Accessory Sinuses**Incision**

Code	Description	Benefit Restrictions
31000	Lavage by cannulation, maxillary sinus	Assistant Surgeon services not payable
31002	Lavage by cannulation, sphenoid sinus	Assistant Surgeon services not payable
31020	Sinusotomy, maxillary, intranasal	Assistant Surgeon services not payable
31030	Sinusotomy, maxillary; radical without antrochoanal polyp removal	Requires TAR, Primary Surgeon/ Provider
31032	Sinusotomy, maxillary; intranasal; radical with antrochoanal polyp removal	Requires TAR, Primary Surgeon/ Provider
31040	Pterygomaxillary fossa surgery, any approach	Requires TAR, Primary Surgeon/ Provider
31050	Sinusotomy, sphenoid	Requires TAR, Primary Surgeon/ Provider

Incision (continued)

Code	Description	Benefit Restrictions
31051	Sinusotomy, sphenoid, with mucosal stripping or removal, polyp(s)	Requires TAR, Primary Surgeon/ Provider
31070	Sinusotomy frontal; external, simple	Requires TAR, Primary Surgeon/
31075	Sinusotomy frontal; transorbital, unilateral	Requires TAR, Primary Surgeon/ Provider
31080	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision	Requires TAR, Primary Surgeon/ Provider
31081	Sinusotomy frontal; obliterative without osteoplastic flap, coronal incision	Requires TAR, Primary Surgeon/ Provider
31084	Sinusotomy frontal; obliterative with osteoplastic flap, brow incision	Requires TAR, Primary Surgeon/ Provider
31085	Sinusotomy frontal; obliterative with osteoplastic flap, coronal incision	Requires TAR, Primary Surgeon/ Provider
31086	Sinusotomy frontal; nonobliterative with osteoplastic flap, brow incision	Requires TAR, Primary Surgeon/ Provider
31087	Sinusotomy frontal; nonobliterative with osteoplastic flap, coronal incision	Requires TAR, Primary Surgeon/ Provider
31090	Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)	Requires TAR, Primary Surgeon/ Provider
31231	Nasal endoscopy, diagnostic	Assistant Surgeon services not payable
31233	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy	Assistant Surgeon services not payable
31235	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy	Assistant Surgeon services not payable

Incision (continued)

Code	Description	Benefit Restrictions
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement	Assistant Surgeon services not payable
31238	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage	Assistant Surgeon services not payable
31239	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	Assistant Surgeon services not payable
31240	Nasal/sinus endoscopy, surgical; with concha bullosa resection	Assistant Surgeon services not payable
«31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Assistant Surgeon services not payable»
«31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Assistant Surgeon services not payable»
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Assistant Surgeon services not payable
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	Assistant Surgeon services not payable
31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, surgical with ethmoidectomy; total (anterior and posterior)	Assistant Surgeon services not payable
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy	Assistant Surgeon services not payable
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Assistant Surgeon services not payable
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Assistant Surgeon services not payable
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	Assistant Surgeon services not payable
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	Assistant Surgeon services not payable
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy	Assistant Surgeon services not payable
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy, with removal of sphenoid sinus tissue	Assistant Surgeon services not payable

Incision (continued)

Code	Description	Benefit Restrictions
31290	Nasal/sinus endoscopy, surgical, with cerebrospinal fluid leak repair, ethmoid region	Assistant Surgeon services not payable
31291	Nasal/sinus endoscopy, surgical, with cerebrospinal fluid leak repair, sphenoid region	Assistant Surgeon services not payable
31292	Nasal/sinus endoscopy, surgical, with medial or inferior orbital wall decompression	Assistant Surgeon services not payable
31293	Nasal/sinus endoscopy, surgical, with medial and inferior orbital wall decompression	Assistant Surgeon services not payable
31294	Nasal/sinus endoscopy, surgical, with optic nerve decompression	Assistant Surgeon services not payable
31295	Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium	Assistant Surgeon services not payable
31296	Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium	Assistant Surgeon services not payable
31297	Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
31299	Unlisted procedure, accessory sinuses	Requires TAR, Primary Surgeon/ Provider

Larynx**Introduction**

Code	Description	Benefit Restrictions
31500	Intubation, endotracheal, emergency procedure	Assistant Surgeon services not payable
31502	Tracheotomy tube change prior to establishment of fistula tract	Assistant Surgeon services not payable

Endoscopy

Code	Description	Benefit Restrictions
31505	Laryngoscopy, indirect, diagnostic	Assistant Surgeon services not payable
31510	Laryngoscopy, indirect, with biopsy	Assistant Surgeon services not payable
31511	Laryngoscopy, indirect, with removal foreign body	Assistant Surgeon services not payable
31512	Laryngoscopy, indirect, with removal lesion	Assistant Surgeon services not payable
31513	Laryngoscopy, indirect, with vocal cord injection	Assistant Surgeon services not payable
31515	Laryngoscopy, direct, for aspiration	Assistant Surgeon services not payable
31520	Laryngoscopy, direct, diagnostic, newborn	Assistant Surgeon services not payable
31525	Laryngoscopy, direct, diagnostic, except newborn	Assistant Surgeon services not payable
31526	Laryngoscopy, direct, diagnostic, with operating microscope or telescope	Assistant Surgeon services not payable
31527	Laryngoscopy, direct, with insertion of obturator	Assistant Surgeon services not payable
31528	Laryngoscopy, direct, with dilation, initial	Assistant Surgeon services not payable
31529	Laryngoscopy, direct, with dilation, subsequent	Assistant Surgeon services not payable
31530	Laryngoscopy, direct, operative, with foreign body removal	Assistant Surgeon services not payable
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	Assistant Surgeon services not payable
31535	Laryngoscopy, direct, operative, with biopsy	Assistant Surgeon services not payable
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	Assistant Surgeon services not payable
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis	Assistant Surgeon services not payable

Endoscopy (continued)

Code	Description	Benefit Restrictions
31541	Laryngoscopy, direct, operative, excision tumor, scope	Assistant Surgeon services not payable
31575	Laryngoscopy, flexible; diagnostic	Assistant Surgeon services not payable
31576	Laryngoscopy, flexible; with biopsy(ies)	Assistant Surgeon services not payable
31577	Laryngoscopy, flexible; removal foreign body(s)	Assistant Surgeon services not payable
31578	Laryngoscopy, flexible; removal lesion(s)	Assistant Surgeon services not payable
31579	Laryngoscopy, flexible or rigid telescopic, with stroboscopy	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
31599	Unlisted procedure, larynx	Requires TAR, Primary Surgeon/ Provider

Trachea and Bronchi**Incision**

Code	Description	Benefit Restrictions
31600	Tracheostomy, planned	Assistant Surgeon services not payable
31601	Tracheostomy, planned; under two years	Assistant Surgeon services not payable
31603	Tracheostomy, emergency procedure; transtracheal	Assistant Surgeon services not payable
31605	Tracheostomy, emergency procedure; cricothyroid membrane	Assistant Surgeon services not payable
31610	Tracheostomy, fenestration procedure with skin flaps	Assistant Surgeon services not payable
31612	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection	Assistant Surgeon services not payable
31613	Tracheostoma revision; simple, without flap rotation	Assistant Surgeon services not payable
31614	Tracheostoma revision; complex, with flap rotation	Assistant Surgeon services not payable

Endoscopy

Code	Description	Benefit Restrictions
31615	Tracheobronchoscopy through tracheostomy incision	Assistant Surgeon services not payable
31622	Bronchoscopy, rigid or flexible; with or without fluoroscopic guidance; diagnostic, with or without cell washing	Assistant Surgeon services not payable
31623	Bronchoscopy; with brushing or protected brushings	Assistant Surgeon services not payable
31624	Bronchoscopy; with bronchial alveolar lavage	Assistant Surgeon services not payable
31625	Bronchoscopy; with bronchial or endobronchial biopsy(s), single or multiple sites	Assistant Surgeon services not payable
31626	Bronchoscopy; with placement of fiducial markers, single or multiple	Assistant Surgeon services not payable
31627	Bronchoscopy; with computer-assisted, image-guided navigation	Assistant Surgeon services not payable

Endoscopy (continued)

Code	Description	Benefit Restrictions
31628	Bronchoscopy; with transbronchial lung biopsy(s), single lobe	Assistant Surgeon services not payable
31629	Bronchoscopy; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)	Assistant Surgeon services not payable
31630	Bronchoscopy; with tracheal/bronchial dilation or closed reduction of fracture	Assistant Surgeon services not payable
31631	Bronchoscopy; with placement of tracheal stent(s)	Assistant Surgeon services not payable
31632	Bronchoscopy; with transbronchial lung biopsy(s), each additional lobe	Assistant Surgeon services not payable
31633	Bronchoscopy; with transbronchial needle aspiration biopsy(s), each additional lobe	Assistant Surgeon services not payable
31634	Bronchoscopy; with balloon occlusion	Assistant Surgeon services not payable
31635	Bronchoscopy; with removal of foreign body	Assistant Surgeon services not payable
31636	Bronchoscopy, with placement of bronchial stents	Assistant Surgeon services not payable
31637	Bronchoscopy, each additional stent	Assistant Surgeon services not payable
31638	Bronchoscopy, with revision of stent	Assistant Surgeon services not payable
31640	Bronchoscopy; with excision of tumor	Assistant Surgeon services not payable
31641	Bronchoscopy; with destruction of tumor or relief of stenosis by other than excision	Assistant Surgeon services not payable
31643	Bronchoscopy; with placement of catheter(s) for intracavitary radioelement application	Assistant Surgeon services not payable
31645	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial	Assistant Surgeon services not payable
31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration, of tracheobronchial tree, subsequent	Assistant Surgeon services not payable

Endoscopy (continued)

Code	Description	Benefit Restrictions
31647	Bronchoscopy; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Assistant Surgeon services not payable
31648	Bronchoscopy; with removal of bronchial valve(s), initial lobe	Assistant Surgeon services not payable
31649	Bronchoscopy; with removal of bronchial valve(s), each additional lobe	Assistant Surgeon services not payable
31651	Bronchoscopy; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe	Assistant Surgeon services not payable
31652	Bronchoscopy; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling, one or two mediastinal and/or hilar lymph node stations or structures	Assistant Surgeon services not payable
31653	Bronchoscopy; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling, 3 or more mediastinal and/or hilar lymph node stations or structures	Assistant Surgeon services not payable
31654	Bronchoscopy; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s)	Assistant Surgeon services not payable

Bronchial Thermoplastic

Code	Description	Benefit Restrictions
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
31717	Catheterization bronchial brush biopsy	Assistant Surgeon services not payable
31720	Catheter aspiration; nasotracheal	Assistant Surgeon services not payable
31725	Catheter aspiration; tracheobronchial with fiberscope, bedside	Assistant Surgeon services not payable
31730	Transtracheal (percutaneous) introduction needle wire dilator/stent or indwelling tube	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
31899	Unlisted procedure, trachea, bronchi	Requires TAR, Primary Surgeon/ Provider

Lungs and Pleura**Excision/Resection**

Code	Description	Benefit Restrictions
32400	Biopsy, pleura; percutaneous needle	Assistant Surgeon services not payable
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	Assistant Surgeon services not payable

Introduction and Removal

Code	Description	Benefit Restrictions
32550	Insertion of indwelling tunneled pleural catheter with cuff	Assistant Surgeon services not payable
32551	Tube thoracostomy, includes water seal	Assistant Surgeon services not payable
32552	Removal of indwelling tunneled pleural catheter with cuff	Assistant Surgeon services not payable
32553	Placement of interstitial device(s) for radiation therapy guidance, percutaneous, intra-thoracic, single or multiple	Assistant Surgeon services not payable
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	Assistant Surgeon services not payable
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	Assistant Surgeon services not payable
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	Assistant Surgeon services not payable
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	Assistant Surgeon services not payable

Destruction

Code	Description	Benefit Restrictions
32560	Chemical pleurodesis	Assistant Surgeon services not payable

Thoracoscopy

Code	Description	Benefit Restrictions
32601	Thoracoscopy, diagnostic; lungs and pleural space, without biopsy	Assistant Surgeon services not payable
32650	Thoracoscopy, surgical; with pleurodesis	Assistant Surgeon services not payable

Stereotactic Radiation Therapy

Code	Description	Benefit Restrictions
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), entire course of treatment	Assistant Surgeon services not payable

Lung Transplantation

Code	Description	Benefit Restrictions
32850	Donor pneumonectomy (including cold preservation), (from cadaver donor)	Non-Benefit
32851	Lung transplant, single, without cardiopulmonary bypass	Requires TAR, Primary Surgeon/ Provider
32852	Lung transplant, single, with cardiopulmonary bypass	Requires TAR, Primary Surgeon/ Provider
32853	Lung transplant, double, without cardiopulmonary bypass	Requires TAR, Primary Surgeon/ Provider
32854	Lung transplant, double, with cardiopulmonary bypass	Requires TAR, Primary Surgeon/ Provider

Surgical Collapse Therapy; Thoracoplasty

Code	Description	Benefit Restrictions
32960	Pneumothorax, therapeutic, intrapleural injection of air	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
32997	Total lung lavage (unilateral)	Non-Benefit
32998	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Assistant Surgeon services not payable
32999	Unlisted procedure, lungs and pleura	Requires TAR, Primary Surgeon/ Provider

Cardiovascular System

Heart and Pericardium

Pericardium

Code	Description	Benefit Restrictions
33016	Pericardiocentesis; including imaging guidance, when performed	3 Assistant Surgeon services not payable

Transmyocardial Revascularization

Code	Description	Benefit Restrictions
33140	Transmyocardial laser revascularization, by thoracotomy	Non-Benefit
33141	Heart TMR with other open cardiac procedure	Non-Benefit

Pacemaker or Implantable Defibrillator

Code	Description	Benefit Restrictions
33206	Insertion of new or replacement or permanent pacemaker with transvenous electrode(s); atrial	Assistant Surgeon services not payable
33207	Insertion of new or replacement or permanent pacemaker with transvenous electrode(s); ventricular	Assistant Surgeon services not payable
33208	Insertion of new or replacement or permanent pacemaker with transvenous electrode(s); atrial and ventricular	Assistant Surgeon services not payable
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	Assistant Surgeon services not payable
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	Assistant Surgeon services not payable
33212	Insertion of pacemaker pulse generator only; with existing single lead	Assistant Surgeon services not payable
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Assistant Surgeon services not payable
33218	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator	Assistant Surgeon services not payable
33220	Repair of two transvenous electrodes for permanent pacemaker or implantable defibrillator	Assistant Surgeon services not payable
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	Assistant Surgeon services not payable

Pacemaker or Implantable Defibrillator (continued)

Code	Description	Benefit Restrictions
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator	Assistant Surgeon services not payable
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator	Assistant Surgeon services not payable
33226	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)	Assistant Surgeon services not payable
33227	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system	Assistant Surgeon services not payable
33228	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system	Assistant Surgeon services not payable
33229	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system	Assistant Surgeon services not payable
33230	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing dual leads	Assistant Surgeon services not payable
33231	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing multiple leads	Assistant Surgeon services not payable
33233	Removal of permanent pacemaker pulse generator only	Assistant Surgeon services not payable
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead	Assistant Surgeon services not payable
33241	Removal of implantable defibrillator pulse generator only	Assistant Surgeon services not payable
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Assistant Surgeon services not payable

Pacemaker or Implantable Defibrillator (continued)

Code	Description	Benefit Restrictions
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	Assistant Surgeon services not payable
33263	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system	Assistant Surgeon services not payable
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	Assistant Surgeon services not payable
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including evaluation	Assistant Surgeon services not payable
33271	Insertion of subcutaneous implantable defibrillator electrode	Assistant Surgeon services not payable
33272	Removal of subcutaneous implantable defibrillator electrode	Assistant Surgeon services not payable
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Assistant Surgeon services not payable
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance and device evaluation, when performed	Assistant Surgeon services not payable
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular	Assistant Surgeon services not payable
«33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Assistant Surgeon services not payable»
«33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Assistant Surgeon services not payable»
«33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Assistant Surgeon services not payable»
«33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Assistant Surgeon services not payable»

Pacemaker or Implantable Defibrillator (continued)

Code	Description	Benefit Restrictions
«33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Assistant Surgeon services not payable»
«33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Assistant Surgeon services not payable»
«33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Assistant Surgeon services not payable»
33477	Transcatheter pulmonary valve implantation, percutaneous approach	Assistant Surgeon services not payable

Endoscopy

Code	Description	Benefit Restrictions
33508	Endoscopy, including video-assisted harvest of veins for coronary bypass procedure	Assistant Surgeon services not payable

Combined Arterial-Venous Grafting for Coronary Bypass

Code	Description	Benefit Restrictions
33517	Coronary artery bypass, venous/arterial graft; single vein graft	Requires TAR, Primary Surgeon/ Provider
33518	Coronary artery bypass, venous/arterial grafts; two venous grafts	Requires TAR, Primary Surgeon/ Provider
33519	Coronary artery bypass, venous/arterial grafts; three venous grafts	Requires TAR, Primary Surgeon/ Provider
33521	Coronary artery bypass, venous/arterial grafts; four venous grafts	Requires TAR, Primary Surgeon/ Provider
33522	Coronary artery bypass, venous/arterial grafts; five venous grafts	Requires TAR, Primary Surgeon/ Provider
33523	Coronary artery bypass, venous/arterial grafts; six or more venous grafts	Requires TAR, Primary Surgeon/ Provider

Arterial Grafting for Coronary Artery Bypass

Code	Description	Benefit Restrictions
33533	Coronary artery bypass, using arterial graft; single arterial graft	Requires TAR, Primary Surgeon/ Provider
33534	Coronary artery bypass, using arterial grafts; two coronary arterial grafts	Requires TAR, Primary Surgeon/ Provider
33535	Coronary artery bypass, using arterial grafts; three coronary arterial grafts	Requires TAR, Primary Surgeon/ Provider
33536	Coronary artery bypass, using arterial grafts; four or more coronary arterial grafts	Requires TAR, Primary Surgeon/ Provider

Shunting Procedures

Code	Description	Benefit Restrictions
33737	Atrial septectomy or septostomy; open heart with inflow occlusion	Requires TAR, Primary Surgeon/ Provider

Heart/Lung Transplantation

Code	Description	Benefit Restrictions
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Non-Benefit
33928	Removal and replacement of total replacement heart system (artificial heart)	Non-Benefit
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation	Non-Benefit
33930	Donor cardiectomy-pneumonectomy, with allograft care	Non-Benefit
33935	Heart-lung transplant, with recipient cardiectomy-pneumonectomy	Requires TAR, Primary Surgeon/ Provider
33940	Donor cardiectomy (including cold preservation)	Non-Benefit
33945	Heart transplant	Requires TAR, Primary Surgeon/ Provider

Extracorporeal Membrane Oxygenation/Extra Corporeal Life Support

Code	Description	Benefit Restrictions
33946	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
33947	ECMO/ECLS provided by physician; initiation, veno-arterial	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
33948	ECMO/ECLS provided by physician; daily management, each day, veno-venous	Assistant Surgeon services not payable

Extracorporeal Membrane Oxygenation/Extra Corporeal Life Support (continued)

Code	Description	Benefit Restrictions
33949	ECMO/ECLS provided by physician; daily management, each day, veno-arterial	Assistant Surgeon services not payable
33951	ECMO/ECLS provided by physician; insertion of peripheral cannula(e), percutaneous, birth through 5 years of age	Assistant Surgeon services not payable
33952	ECMO/ECLS provided by physician; insertion of peripheral cannula(e), percutaneous, 6 years and older	Assistant Surgeon services not payable
33953	ECMO/ECLS provided by physician; insertion of peripheral cannula(e), open, birth through 5 years of age	Assistant Surgeon services not payable
33954	ECMO/ECLS provided by physician; insertion of peripheral cannula(e), open, 6 years and older	Assistant Surgeon services not payable
33955	ECMO/ECLS provided by physician; insertion of central cannula(e), birth through 5 years of age	Assistant Surgeon services not payable
33956	ECMO/ECLS provided by physician; insertion of central cannula(e), 6 years and older	Assistant Surgeon services not payable
33957	ECMO/ECLS provided by physician; reposition peripheral cannula(e), percutaneous, birth through 5 years of age	Assistant Surgeon services not payable
33958	ECMO/ECLS provided by physician; reposition peripheral cannula(e), percutaneous, 6 years and older	Assistant Surgeon services not payable
33959	ECMO/ECLS provided by physician; reposition peripheral cannula(e), open, birth through 5 years of age	Assistant Surgeon services not payable

Extracorporeal Membrane Oxygenation/Extra Corporeal Life Support (continued)

Code	Description	Benefit Restrictions
33962	ECMO/ECLS provided by physician; reposition peripheral cannula(e), open, 6 years and older	Assistant Surgeon services not payable
33963	ECMO/ECLS provided by physician; reposition of central cannula(e), birth through 5 years of age	Assistant Surgeon services not payable
33964	ECMO/ECLS provided by physician; reposition of central cannula(e), 6 years and older	Assistant Surgeon services not payable
33966	ECMO/ECLS provided by physician; removal of peripheral cannula(e), percutaneous, 6 years and older	Assistant Surgeon services not payable
33969	ECMO/ECLS provided by physician; removal of peripheral cannula(e), open, birth through 5 years of age	Assistant Surgeon services not payable
33984	ECMO/ECLS provided by physician; removal of peripheral cannula(e), open, 6 years and older	Assistant Surgeon services not payable
33985	ECMO/ECLS provided by physician; removal of central cannula(e), birth through 5 years of age	Assistant Surgeon services not payable
33986	ECMO/ECLS provided by physician; removal of central cannula(e), 6 years and older	Assistant Surgeon services not payable
33987	Arterial exposure with creation of graft conduit (e.g., chimney graft) to facilitate arterial perfusion for ECMO/ECLS	Assistant Surgeon services not payable
33988	Insertion of left heart vent by thoracic incision for ECMO/ECLS	Assistant Surgeon services not payable
33989	Removal of left heart vent by thoracic incision for ECMO/ECLS	Assistant Surgeon services not payable

Cardiac Assist

Code	Description	Benefit Restrictions
33960	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial 24 hours	Non-Benefit
33961	Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each additional 24 hours	Non-Benefit
33967	Insertion of intra-aortic balloon assist device, percutaneous	Assistant Surgeon services not payable
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	Assistant Surgeon services not payable

Other Procedures, Cardiac Surgery

Code	Description	Benefit Restrictions
33999	Unlisted procedure, cardiac surgery	Requires TAR, Primary Surgeon/ Provider

Arteries and Veins**Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta**

Code	Description	Benefit Restrictions
34839	Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time	Assistant Surgeon services not payable

Vascular Injection Procedures**Intravenous**

Code	Description	Benefit Restrictions
36000	Introduction of needle or intracatheter, vein	Assistant Surgeon services not payable
36005	Injection procedure for extremity venography	Assistant Surgeon services not payable
36010	Introduction of catheter, superior or inferior vena cava	Assistant Surgeon services not payable
36011	Selective catheter placement, venous, first order branch	Assistant Surgeon services not payable
36012	Selective catheter placement, venous, second order or more	Assistant Surgeon services not payable
36013	Introduction of catheter, right heart or main pulmonary artery	Assistant Surgeon services not payable
36014	Selective catheter placement, left or right pulmonary artery	Assistant Surgeon services not payable
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	Assistant Surgeon services not payable

Intra-Arterial/Intra-Aortic

Code	Description	Benefit Restrictions
36100	Introduction of needle/intracatheter, carotid/vertebral artery	Assistant Surgeon services not payable
36140	Introduction of needle/intracatheter, upper or lower extremity artery	Assistant Surgeon services not payable

Interventions for Arteriovenous Shunts Created for Dialysis

Code	Description	Benefit Restrictions
36160	Introduction of needle/intracatheter, aortic, translumbar	Assistant Surgeon services not payable

Diagnostic Studies of Cervicocerebral Arteries

Code	Description	Benefit Restrictions
36200	Introduction of catheter, aorta	Assistant Surgeon services not payable
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels	Assistant Surgeon services not payable
36222	Selective catheter placement, common carotid or innominate artery, unilateral, with angiography of the ipsilateral extracranial carotid circulation	Assistant Surgeon services not payable
36223	Selective catheter placement, common carotid or innominate artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation	Assistant Surgeon services not payable
36224	Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation	Assistant Surgeon services not payable
36225	Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation	Assistant Surgeon services not payable
36226	Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation	Assistant Surgeon services not payable
36227	Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation	Assistant Surgeon services not payable

Diagnostic Studies of Cervicocerebral Arteries (continued)

Code	Description	Benefit Restrictions
36228	Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation	Assistant Surgeon services not payable
36245	Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch	Assistant Surgeon services not payable
36246	Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch	Assistant Surgeon services not payable
36247	Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch	Assistant Surgeon services not payable
36248	Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch	Assistant Surgeon services not payable
36251	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography; unilateral	Assistant Surgeon services not payable
36252	Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography; bilateral	Assistant Surgeon services not payable
36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography; unilateral	Assistant Surgeon services not payable
36254	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography; bilateral	Assistant Surgeon services not payable
36260	Insertion of implantable intra-arterial infusion pump	Requires TAR, Primary Surgeon/ Provider
36299	Unlisted procedure, vascular injection	Requires TAR, Primary Surgeon/ Provider

Venous

Code	Description	Benefit Restrictions
36400	Venipuncture, under age 3 years; requiring physician skill, non-routine, femoral or jugular	Assistant Surgeon services not payable
36405	Venipuncture, under age 3 years; requiring physician skill, non-routine, scalp vein	Assistant Surgeon services not payable
36406	Venipuncture, under age 3 years; requiring physician skill, non-routine, other vein	Assistant Surgeon services not payable
36410	Venipuncture, age 3 years or older requiring physician skill, non-routine	Assistant Surgeon services not payable
36415	Collection of venous blood by venipuncture	Non-Benefit
36416	Collection of capillary blood specimen	Non-Benefit
36420	Venipuncture, cutdown, under age 1 year	Assistant Surgeon services not payable
36425	Venipuncture, cutdown, age 1 year or over	Assistant Surgeon services not payable
36430	Transfusion, blood or blood components	Non-Benefit
36440	Push transfusion, blood, 2 years or under	Assistant Surgeon services not payable
36450	Exchange transfusion, blood, newborn	Assistant Surgeon services not payable
36460	Transfusion, intrauterine, fetal	Assistant Surgeon services not payable
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein	Assistant Surgeon services not payable
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins, same leg	Assistant Surgeon services not payable
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Non-Benefit
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Assistant Surgeon services not payable

Venous (continued)

Code	Description	Benefit Restrictions
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Assistant Surgeon services not payable
36473	Endovenous ablation, mechanochemical; first vein treated	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36474	Endovenous ablation, mechanochemical; subsequent vein(s)	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36475	Endovenous ablation, radiofrequency, first vein	Requires TAR, Primary Surgeon/ Provider
36476	Endovenous ablation, radiofrequency, subsequent vein(s)	Requires TAR, Primary Surgeon/ Provider
36478	Endovenous ablation, laser, first vein	Requires TAR, Primary Surgeon/ Provider
36479	Endovenous ablation, laser subsequent vein(s)	Requires TAR, Primary Surgeon/ Provider
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Assistant Surgeon services not payable
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites	Assistant Surgeon services not payable

Venous (continued)

Code	Description	Benefit Restrictions
36500	Venous catheterization for organ blood sampling	Assistant Surgeon services not payable
36510	Catheterization of umbilical vein, newborn	Assistant Surgeon services not payable
36511	Therapeutic apheresis; for white blood cells	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36512	Therapeutic apheresis; for red blood cells	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36513	Therapeutic apheresis; for platelets	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36514	Therapeutic apheresis; for plasma pheresis	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
36522	Photopheresis, extracorporeal	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Central Venous Access Procedures**Insertion**

Code	Description	Benefit Restrictions
36555	Insertion of non-tunneled centrally inserted catheter; under 5 years of age	Assistant Surgeon services not payable
36556	Insertion of non-tunneled centrally inserted catheter; age 5 years or older	Assistant Surgeon services not payable
36557	Insertion of tunneled centrally inserted catheter, without SQ port or pump; under 5 years of age	Assistant Surgeon services not payable
36558	Insertion of tunneled centrally inserted catheter, without SQ port or pump; age 5 years or older	Assistant Surgeon services not payable
36560	Insertion of tunneled centrally inserted CVA device, with SQ port; under 5 years of age	Assistant Surgeon services not payable
36561	Insertion of tunneled centrally inserted central venous access device, with SQ port; age 5 years or older	Assistant Surgeon services not payable
36563	Insertion of tunneled centrally inserted access device with SQ pump	Assistant Surgeon services not payable
36565	Insertion of tunneled centrally inserted access device, requiring two catheters without SQ port or pump	Assistant Surgeon services not payable
36566	Insertion of tunneled centrally inserted access device, requiring two catheters with SQ port(s)	Assistant Surgeon services not payable
36568	Insertion of PICC, without SQ port or pump, without imaging guidance; younger than 5 years of age	Assistant Surgeon services not payable
36569	Insertion of PICC, without SQ port or pump, without imaging guidance; age 5 years or older	Assistant Surgeon services not payable
36570	Insertion of peripherally inserted access device, with SQ port; under 5 years of age	Assistant Surgeon services not payable
36571	Insertion of peripherally inserted access device, with SQ port; age 5 years or older	Assistant Surgeon services not payable
36572	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age	Assistant Surgeon services not payable

Insertion (continued)

Code	Description	Benefit Restrictions
36573	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older	Assistant Surgeon services not payable

Repair of Central Venous Access Device

Code	Description	Benefit Restrictions
36575	Repair of tunneled or non-tunneled catheter without SQ port or pump, central or peripheral insertion site	Assistant Surgeon services not payable
36576	Repair of central venous access device, with SQ port or pump, central or peripheral insertion site	Assistant Surgeon services not payable

Partial Replacement of Central Venous Access Device (Catheter Only)

Code	Description	Benefit Restrictions
36578	Replacement catheter only, of central venous access device with SQ port or pump, central or peripheral insertion site	Assistant Surgeon services not payable

Complete Replacement of Central Venous Access Device Through Same Venous Access Site

Code	Description	Benefit Restrictions
36580	Replacement, complete, of non-tunneled centrally inserted catheter, without SQ port or pump	Assistant Surgeon services not payable
36581	Replacement, complete, of tunneled catheter, without SQ port or pump	Assistant Surgeon services not payable
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with SQ port through same venous access	Assistant Surgeon services not payable
36583	Replacement, complete of a tunneled centrally inserted device, with SQ pump through same venous access	Assistant Surgeon services not payable
36584	Replacement, complete, of PICC, without SQ port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement	Assistant Surgeon services not payable
36585	Replacement of peripherally inserted central venous access device with SQ port	Assistant Surgeon services not payable

Removal of Central Venous Access Device

Code	Description	Benefit Restrictions
36589	Removal of tunneled central venous catheter, without SQ port or pump	Assistant Surgeon services not payable
36590	Removal of tunneled central venous device, with SQ port or pump	Assistant Surgeon services not payable

Other Central Venous Access Procedures

Code	Description	Benefit Restrictions
36591	Collection of blood from an implantable VAD	Non-Benefit
36592	Collection of blood using established venous catheter, NOS	Non-Benefit
36593	Declotting by thrombolytic agent of implanted VAD or catheter	Assistant Surgeon services not payable
36595	Mechanical removal of pericatheter material from central venous device via separate venous access	Assistant Surgeon services not payable
36596	Mechanical removal of intraluminal material from central venous device through lumen	Assistant Surgeon services not payable
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	Assistant Surgeon services not payable
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device	Assistant Surgeon services not payable
36591	Collection of blood from an implantable VAD	Non-Benefit
36592	Collection of blood using established venous catheter, NOS	Non-Benefit
36593	Declotting by thrombolytic agent of implanted VAD or catheter	Assistant Surgeon services not payable
36595	Mechanical removal of pericatheter material from central venous device via separate venous access	Assistant Surgeon services not payable
36596	Mechanical removal of intraluminal material from central venous device through lumen	Assistant Surgeon services not payable
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	Assistant Surgeon services not payable
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device	Assistant Surgeon services not payable

Arterial

Code	Description	Benefit Restrictions
36600	Arterial puncture, withdrawal of blood for diagnosis	Assistant Surgeon services not payable
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	Assistant Surgeon services not payable
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	Assistant Surgeon services not payable
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	Assistant Surgeon services not payable
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	Assistant Surgeon services not payable

Intraosseous

Code	Description	Benefit Restrictions
36680	Placement of needle for intraosseous infusion	Assistant Surgeon services not payable

Hemodialysis Access, Intervascular Cannulization for Extracorporeal Circulation, or Shunt Insertion

Code	Description	Benefit Restrictions
36800	Insertion of cannula for hemodialysis, other purpose; vein to vein	Assistant Surgeon services not payable
36822	Insertion of cannula(s) for prolonged ECMO	Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable
36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity	Assistant Surgeon services not payable

Dialysis Circuit

Code	Description	Benefit Restrictions
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit	Assistant Surgeon services not payable
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit; with transluminal balloon angioplasty	Assistant Surgeon services not payable
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit; with transcatheter placement of intravascular stent(s)	Assistant Surgeon services not payable
36904	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit	Assistant Surgeon services not payable
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit; with transluminal balloon angioplasty	Assistant Surgeon services not payable
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit; with transcatheter placement of intravascular stent(s)	Assistant Surgeon services not payable
36907	Transluminal balloon angioplasty, central dialysis segment	Assistant Surgeon services not payable
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment	Assistant Surgeon services not payable
36909	Dialysis circuit permanent vascular embolization or occlusion	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
37191	Insertion of intravascular vena cava filter	Assistant Surgeon services not payable
37192	Repositioning of intravascular vena cava filter	Assistant Surgeon services not payable
37193	Retrieval of intravascular vena cava filter	Assistant Surgeon services not payable
37195	Thrombolysis, cerebral, by intravenous infusion	Assistant Surgeon services not payable
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body, includes radiological supervision and interpretation	Assistant Surgeon services not payable
37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary, or intracranial	Assistant Surgeon services not payable
37212	Transcatheter therapy, venous infusion for thrombolysis	Assistant Surgeon services not payable
37213	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, continued treatment on subsequent day	Assistant Surgeon services not payable
37214	Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary; cessation of thrombolysis	Assistant Surgeon services not payable
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty; with distal embolic protection	Requires TAR, Primary Surgeon/ Provider
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty; without distal embolic protection	Requires TAR, Primary Surgeon/ Provider

Vascular Embolization and Occlusion

Code	Description	Benefit Restrictions
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation; venous, other than hemorrhage	Assistant Surgeon services not payable
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation; arterial, other than hemorrhage or tumor	Assistant Surgeon services not payable
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation; for tumors, organ ischemia, or infarction	Assistant Surgeon services not payable
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation; for arterial or venous hemorrhage or lymphatic extravasation	Assistant Surgeon services not payable

Endovascular Revascularization

Code	Description	Benefit Restrictions
37246	Transluminal balloon angioplasty; initial artery	Assistant Surgeon services not payable
37247	Transluminal balloon angioplasty; each additional artery	Assistant Surgeon services not payable
37248	Transluminal balloon angioplasty; initial vein	Assistant Surgeon services not payable
37249	Transluminal balloon angioplasty; each additional vein	Assistant Surgeon services not payable

Intravascular Ultrasound Services

Code	Description	Benefit Restrictions
37252	Intravascular ultrasound; initial noncoronary vessel	Assistant Surgeon services not payable
37253	Intravascular ultrasound; each additional noncoronary vessel	Assistant Surgeon services not payable

Endoscopy

Code	Description	Benefit Restrictions
37500	Vascular endoscopy with ligation of perforator veins, subfascial	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
37501	Unlisted vascular endoscopy procedure	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Ligation

Code	Description	Benefit Restrictions
37700	Ligation/division long saphenous vein	Requires TAR, Primary Surgeon/ Provider
37718	Ligation, division and stripping, short saphenous vein	Requires TAR, Primary Surgeon/ Provider
37722	Ligation, division and stripping, long (greater) saphenous veins	Requires TAR, Primary Surgeon/ Provider
37735	Ligation/division/stripping saphenous veins, with excision of deep fascia	Requires TAR, Primary Surgeon/ Provider
37760	Ligation of perforator veins, open	Requires TAR, Primary Surgeon/ Provider
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	Requires TAR, Primary Surgeon/ Provider

Ligation

Code	Description	Benefit Restrictions
37765	Stab phlebectomy of varicose veins, one extremity, 10-20 incisions	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
37766	Stab phlebectomy of varicose veins, one extremity, more than 20 incisions	Requires TAR, Primary Surgeon/ Provider
37780	Ligation/division short saphenous vein	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
37785	Ligation/division varicose veins, one leg	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
37788	Penile revascularization, artery, with or without vein graft	Non-Benefit
37790	Penile venous occlusive procedure	Non-Benefit
37799	Unlisted procedure, vascular surgery	Requires TAR, Primary Surgeon/ Provider

Hemic and Lymphatic SystemsSpleen**Laparoscopy**

Code	Description	Benefit Restrictions
38129	Unlisted laparoscopy procedure, spleen	Requires TAR, Primary Surgeon/ Provider

Introduction

Code	Description	Benefit Restrictions
38200	Injection procedure for splenoportography	Assistant Surgeon services not payable

General**Bone Marrow or Stem Cell Services/Procedures**

Code	Description	Benefit Restrictions
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation; allogenic	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation; autologous	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Assistant Surgeon services not payable
38208	Transplant preparation of hematopoietic progenitor cells; thawing without washing	Assistant Surgeon services not payable
38209	Transplant preparation of hematopoietic progenitor cells; thawing with washing	Assistant Surgeon services not payable
38210	Transplant preparation of hematopoietic progenitor cells; T-cell depletion	Assistant Surgeon services not payable
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Assistant Surgeon services not payable
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	Assistant Surgeon services not payable
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	Assistant Surgeon services not payable

Bone Marrow or Stem Cell Services/Procedures (continued)

Code	Description	Benefit Restrictions
38214	Transplant preparation of hematopoietic progenitor cells; plasma depletion	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
38220	Diagnostic bone marrow; aspiration(s)	Assistant Surgeon services not payable
38221	Diagnostic bone marrow; biopsy(ies)	Assistant Surgeon services not payable
38230	Bone marrow harvesting for transplantation; allogenic	Requires TAR, Primary Surgeon/ Provider
38232	Bone marrow harvesting for transplantation; autologous	Requires TAR, Primary Surgeon/ Provider

Transplantation and Post-Transplantation Cellular Infusions

Code	Description	Benefit Restrictions
38240	Bone marrow or blood derived peripheral stem cell transplantation; allogenic	Requires TAR, Primary Surgeon/ Provider
38241	Bone marrow or blood derived peripheral stem cell transplantation; autologous	Requires TAR, Primary Surgeon/ Provider
38242	Bone marrow or blood derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusion	Requires TAR, Primary Surgeon/ Provider
38243	Hematopoietic progenitor cell (HPC); HPC boost	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Lymph Nodes and Lymphatic Channels**Incision**

Code	Description	Benefit Restrictions
38300	Drainage of lymph node abscess; simple	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
38500	Biopsy/excision lymph node; open, superficial	Assistant Surgeon services not payable
38505	Biopsy/excision lymph node; by needle, superficial	Assistant Surgeon services not payable

Laparoscopy

Code	Description	Benefit Restrictions
38589	Unlisted laparoscopy procedure, lymphatic system	Requires TAR, Primary Surgeon/ Provider

Radical Lymphadenectomy (Radical Resection of Lymph Nodes)**Introduction**

Code	Description	Benefit Restrictions
38790	Injection procedure; lymphangiography	Assistant Surgeon services not payable
38792	Injection procedure; for identification of sentinel node	Assistant Surgeon services not payable
38999	Unlisted procedure, hemic or lymphatic system	Requires TAR, Primary Surgeon/ Provider

Mediastinum and DiaphragmMediastinum**Endoscopy**

Code	Description	Benefit Restrictions
39401	Mediastinoscopy; includes biopsy(ies) of mediastinal mass	Assistant Surgeon services not payable
39402	Mediastinoscopy; with lymph node biopsy(ies)	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
39499	Unlisted procedure, mediastinum	Requires TAR, Primary Surgeon/ Provider

Diaphragm**Repair**

Code	Description	Benefit Restrictions
39541	Repair, diaphragmatic hernia, traumatic; chronic	Requires TAR, Primary Surgeon/ Provider
39599	Unlisted procedure, diaphragm	Requires TAR, Primary Surgeon/ Provider

Legend

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

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