



Blue Cross and Blue Shield of Texas (BCBSTX) Outpatient Surgery Codes with Reimbursement Increase When Performed at an Ambulatory Surgery Center

Applies to Blue Cross and Blue Shield of Texas Commercial Plans

The presence of codes on this list does not necessarily indicate coverage under the member benefits contract. Member contracts differ in their benefits. Consult the member benefit booklet, contact customer services or check eligibility and benefits online via Availity® or your preferred vendor.

Procedure Code	Effective Date	Description
10005	04/01/22	FINE NEEDLE ASPIRATION BIOPSY, INCLUDING ULTRASOUND GUIDANCE; FIRST LESION
11450	04/01/22	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR
11462	04/01/22	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR
11463	04/01/22	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR
11470	04/01/22	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR
11770	04/01/22	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE
11771	04/01/22	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE
11772	04/01/22	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED
11960	04/01/22	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION
11971	04/01/22	REMOVAL OF TISSUE EXPANDER WITHOUT INSERTION OF IMPLANT
12037	04/01/22	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM
12046	04/01/22	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM
14040	04/01/22	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS,
15003	04/01/22	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING SUBCUTANEOUS TISSUES), OR INCISIONAL RELEASE OF SCAR CONTRACTURE, TRUNK, ARMS, LEGS; 1% OF BODY AREA OF INFANTS AND CHILDREN
15101	04/01/22	SPLIT GRAFT, TRUNK, SCALP, ARMS, LEGS, HANDS, AND/OR FEET (EXCEPT MULTIPLE DIGITS); EACH ADDITIONAL 100 SQ CM, OR EACH ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN, OR PART THEREOF
15110	04/01/22	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN
15150	04/01/22	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS
15155	04/01/22	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 25 SQ CM OR LESS
15200	04/01/22	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS

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15273	04/01/22	APPLICATION OF SKIN SUBSTITUTE GRAFT 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% OF BODY AREA OF INFANTS AND CHILDREN
15650	04/01/22	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION
15730	03/15/23	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)
15731	04/01/22	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PARAMEDIAN FOREHEAD FLAP)
15734	04/01/22	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK
15736	04/01/22	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY
15738	04/01/22	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY
15777	04/01/22	IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)
15820	04/01/22	BLEPHAROPLASTY, LOWER EYELID;
15821	04/01/22	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD
15822	04/01/22	BLEPHAROPLASTY, UPPER EYELID;
15823	04/01/22	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING
15830	04/01/22	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY
15832	04/01/22	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH
15836	04/01/22	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM
15839	04/01/22	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA
15841	04/01/22	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)
15936	04/01/22	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE
15937	04/01/22	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; WITH OSTECTOMY
16030	04/01/22	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA)
19081	04/01/22	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE
19083	04/01/22	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE

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Procedure Code	Effective Date	Description
19085	04/01/22	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET), WHEN PERFORMED, AND IMAGING OF THE BIOPSY SPECIMEN, WHEN PERFORMED, PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE
19101	04/01/22	BIOPSY OF BREAST; OPEN, INCISIONAL
19110	04/01/22	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PIPILLOMA LACTIFEROUS DUCT
19120	04/01/22	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR, ABERRANT BREAST TISSUE, DUCT LESION, NIPPLE OR AREOLAR LESION (EXCEPT 19033), OPEN, MALE OR FEMALE, 1 OR MORE LESIONS
19125	04/01/22	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKET, OPEN; SINGLE LESION
19126	04/01/22	EXCISION OF BREAST LESION IDENTIFIED BY PREOPERATIVE PLACEMENT OF RADIOLOGICAL MARKET, OPEN; EACH ADDITIONAL LESION SEPARATELY IDENTIFIED BY A PREOPERATIVE RADIOLOGICAL MARKET
19297	04/01/22	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION FOLLOWING PARTIAL MASTECTOMY, INCLUDES IMAGING GUIDANCE; CONCURRENT WITH PARTIAL MASTECTOMY
19300	04/01/22	MASTECTOMY FOR GYNECOMASTIA
19301	04/01/22	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY);
19302	04/01/22	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY); WITH AXILLARY LYMPHADENECTOMY
19303	04/01/22	MASTECTOMY, SIMPLE, COMPLETE
19316	04/01/22	MASTOPEXY
19318	04/01/22	BREAST REDUCTION
19325	04/01/22	BREAST AUGMENTATION WITH IMPLANT
19328	04/01/22	REMOVAL OF INTACT BREAST IMPLANT
19330	04/01/22	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)
19340	04/01/22	INSERTION OF BREAST IMPLANT ON SAME DAY OF MASTECTOMY (IE, IMMEDIATE)
19342	04/01/22	INSERTION OR REPLACEMENT OF BREAST IMPLANT ON SEPARATE DAY FROM MASTECTOMY
19350	04/01/22	NIPPLE/AREOLA RECONSTRUCTION
19355	04/01/22	CORRECTION OF INVERTED NIPPLES
19357	04/01/22	TISSUE EXPANDER PLACEMENT IN BREAST RECONSTRUCTION, INCLUDING SUBSEQUENT EXPANSION(S)
19370	04/01/22	REVISION OF PERI-IMPLANT CAPSULE, BREAST, INCLUDING CAPSULOTOMY, CAPSULORRHAPHY, AND/OR PARTIAL CAPSULECTOMY
19371	04/01/22	PERI-IMPLANT CAPSULECTOMY, BREAST, COMPLETE, INCLUDING REMOVAL OF ALL INTRACAPSULAR CONTENTS

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Procedure Code	Effective Date	Description
19380	04/01/22	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)
20150	04/01/22	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISION
20206	04/01/22	BIOPSY, MUSCLE; PERCUTANEOUS NEEDLE
20225	04/01/22	BIOPSY, BONE, TROCAR OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)
20525	04/01/22	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR
20680	04/01/22	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)
20690	04/01/22	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM
20692	04/01/22	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)
20693	04/01/22	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PINS(S) OR WIRE(S) AND/OR NEW RING(S) OR BAR(S))
20694	04/01/22	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM
20900	04/01/22	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUT
20902	04/01/22	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE
20912	04/01/22	CARTILAGE GRAFT; NASAL SEPTUM
20924	04/01/22	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)
20982	04/01/22	ABLATION, BONE TUMOR(S) (E.G. OSTEOID OSTEOMA, METASTASIS) RADIOFREQUENCY, PERCUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE
21015	04/01/22	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP
21016	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER
21029	04/01/22	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)
21034	04/01/22	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE
21047	04/01/22	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA- ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG. LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION(S))
21121	04/01/22	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE
21123	04/01/22	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)
21198	04/01/22	OSTEOTOMY, MANDIBLE, SEGMENTAL
21199	04/01/22	OSTEOTOMY, MANDIBLE, SEGMENTAL, WITH GENIOGLOSSUS ADVANCEMENT
21235	04/01/22	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)

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Procedure Code	Effective Date	Description
21244	04/01/22	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)
21245	04/01/22	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL
21280	04/01/22	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)
21320	04/01/22	CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION
21325	04/01/22	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED
21330	04/01/22	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION
21335	04/01/22	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM
21336	04/01/22	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION
21337	04/01/22	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION
21355	04/01/22	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION
21360	04/01/22	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD
21390	04/01/22	OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT
21406	04/01/22	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT
21461	04/01/22	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION
21550	04/01/22	BIOPSY, SOFT TISSUE OF NECK OR THORAX
21552	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR GREATER
21554	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
21555	04/01/22	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX, SUBCUTANEOUS
21556	04/01/22	EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX, DEEP, SUBFASCIAL, INTRAMUSCULAR
21558	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF NECK OR ANTERIOR THORAX; 5 CM OR GREATER
21600	03/15/23	EXCISION OF RIB, PARTIAL
21932	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM
21933	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
21935	04/01/22	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK
21936	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER

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Procedure Code	Effective Date	Description
22102	04/01/22	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY LESION, SINGLE VERTEBRAL SEGMENT; LUMBAR
22103	03/15/23	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINO
22510	04/01/22	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; CERVICOTHORACIC
22511	04/01/22	PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING GUIDANCE; LUMBOSACRAL
22513	04/01/22	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY
22514	04/01/22	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN PERFORMED) USING MECHANICAL DEVICE (EG, KYPHOPLASTY), 1 VERTEBRAL BODY
22551	04/01/22	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOTS; CERVICAL BELOW C2
22558	04/01/22	ARTHRODESIS ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR DECOMPRESSION); LUMBAR
22612	04/01/22	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE)
22630	04/01/22	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; LUMBAR
22856	04/01/22	TOT DISC ARTHRP ART DISC ANT APPRO 1 NTRSPC CRV
22900	04/01/22	EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)
22901	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
22902	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS
22903	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER
22905	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER
23020	04/01/22	CAPSULAR CONTRACTURE RELEASE (SEVER TYPE PROCEDURE)
23040	04/01/22	ARTHROTOMY, GLENOHUMERAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
23044	04/01/22	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
23066	04/01/22	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP
23071	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS;

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23073	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
23076	04/01/22	EXCISION, TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
23078	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER
23120	04/01/22	CLAVICULECTOMY; PARTIAL
23125	04/01/22	CLAVICULECTOMY; TOTAL
23130	04/01/22	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL
23140	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;
23146	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT
23150	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;
23155	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
23180	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE
23184	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HUMERUS
23190	04/01/22	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)
23195	04/01/22	RESECTION HUMERAL HEAD
23395	04/01/22	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE
23397	04/01/22	MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE
23405	04/01/22	TENOMYOTOMY, SHOULDER AREA; SINGLE
23406	04/01/22	TENOMYOTOMY, SHOULDER AREA; MULTIPLE THROUGH SAME INCISION
23412	04/01/22	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF); CHRONIC
23415	04/01/22	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY
23420	04/01/22	REPAIR OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)
23430	04/01/22	TENODESIS OF LONG TENDON OF BICEPS
23440	04/01/22	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS
23450	04/01/22	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION
23455	04/01/22	CAPSULORRHAPHY, ANTERIOR; BANKART TYPE OPERATION WITH OR WITHOUT STAPLING
23462	04/01/22	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER
23465	04/01/22	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, POSTERIOR, WITH OR WITHOUT BONE BLOCK
23466	04/01/22	CAPSULORRHAPHY WITH ANY TYPE MULTI-DIRECTIONAL INSTABILITY
23472	04/01/22	ARTHROPLASTY WITH GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER)

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23480	04/01/22	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;
23485	04/01/22	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBTAINING GRAFT AND/OR NECESSARY FIXATION)
23515	04/01/22	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTER
23550	04/01/22	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;
23552	04/01/22	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
23585	04/01/22	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION
23605	04/01/22	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
23615	04/01/22	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, WITH OR WITHOUT REPAIR OF TUBEROSITY(-IES);
23630	04/01/22	OPEN TREATMENT OF GREATER TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
23665	04/01/22	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH MANIPULATION
23670	04/01/22	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER TUBEROSITY, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
23700	04/01/22	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)
23921	04/01/22	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION
24000	04/01/22	ARTHROTOMY, ELBOW, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
24006	04/01/22	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)
24073	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
24076	04/01/22	EXCISION, TUMOR, UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
24077	04/01/22	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA
24101	04/01/22	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
24102	04/01/22	ARTHROTOMY, ELBOW; WITH SYNOVECTOMY
24105	04/01/22	EXCISION, OLECRANON BURSA
24110	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;
24116	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
24120	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;
24130	04/01/22	EXCISION, RADIAL HEAD
24140	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS
24145	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD OR NECK
24147	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PROCESS
24149	04/01/22	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)
24164	04/01/22	IMPLANT REMOVAL; RADIAL HEAD
24201	04/01/22	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP
24300	04/01/22	MANIPULATION, ELBOW, UNDER ANESTHESIA
24301	04/01/22	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)
24305	04/01/22	TENDON LENGTHENING, UPPER ARM OR ELBOW, SINGLE, EACH
24310	04/01/22	TENOTOMY, OPEN, ELBOW TO SHOULDER, SINGLE, EACH
24340	04/01/22	TENODESIS OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)
24341	04/01/22	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)
24342	04/01/22	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT
24343	04/01/22	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE
24344	04/01/22	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDING HARVEST)
24345	04/01/22	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE
24346	04/01/22	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDING HARVEST)
24357	04/01/22	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS
24358	04/01/22	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN
24359	04/01/22	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT
24362	04/01/22	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
24363	04/01/22	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (TOTAL ELBOW)
24365	04/01/22	ARTHROPLASTY, RADIAL HEAD
24366	04/01/22	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT
24371	04/01/22	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT
24400	04/01/22	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION
24430	04/01/22	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
24435	04/01/22	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24515	04/01/22	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
24516	04/01/22	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING SCREWS
24538	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION
24545	04/01/22	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT INTERCONDYLAR EXTENSION
24546	04/01/22	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH INTERCONDYLAR EXTENSION
24566	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
24575	04/01/22	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
24579	04/01/22	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
24582	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION
24586	04/01/22	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS);
24587	04/01/22	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/ OR PROXIMAL RADIUS); WITH IMPLANT ARTHROPLASTY
24605	04/01/22	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA
24615	04/01/22	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION
24620	04/01/22	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH MANIPULATION

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
24635	04/01/22	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF RADIAL HEAD), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
24655	04/01/22	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION
24665	04/01/22	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;
24666	04/01/22	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WITH RADIAL HEAD PROSTHETIC REPLACEMENT
24675	04/01/22	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION
24685	04/01/22	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS) WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
25000	04/01/22	TENDON SHEATH INCISION; AT RADIAL STYLOID (EG, FOR DEQUERVAIN'S DISEASE)
25001	04/01/22	INCISION, FLEXOR TENDON SHEATH, WRIST
25020	04/01/22	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT
25040	04/01/22	ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
25066	04/01/22	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP
25073	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER
25076	04/01/22	EXCISION, TUMOR, FOREARM AND/OR WRIST AREA; SUBFASCIAL OR INTRAMUSCULAR
25077	04/01/22	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA
25078	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER
25085	04/01/22	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)
25100	04/01/22	ARTHROTOMY, WRIST JOINT; WITH BIOPSY
25101	04/01/22	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
25105	04/01/22	ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY
25107	04/01/22	ARTHROTOMY, DISTAL RADIOULNAR JOINT FOR REPAIR OF TRIANGULAR CARTILAGE COMPLEX
25109	04/01/22	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH
25110	04/01/22	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST
25111	04/01/22	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY
25112	04/01/22	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT

**Outpatient Surgery Codes with Reimbursement Increase When Performed at an
Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
25115	04/01/22	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS
25116	04/01/22	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM
25118	04/01/22	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;
25120	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS);
25125	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25126	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON PROCESS); WITH ALLOGRAFT
25130	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;
25135	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25145	04/01/22	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST
25150	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA
25151	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS
25210	04/01/22	CARPECTOMY; ONE BONE
25215	04/01/22	CARPECTOMY; ALL BONES OF PROXIMAL ROW
25230	04/01/22	RADICAL STYLOIDECTOMY (SEPARATE PROCEDURE)
25240	04/01/22	EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)
25259	04/01/22	MANIPULATION, WRIST UNDER ANESTHESIA
25260	04/01/22	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE
25265	04/01/22	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON OR MUSCLE
25270	04/01/22	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE
25272	04/01/22	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE
25274	04/01/22	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WRIST, EACH TENDON OR MUSCLE
25275	04/01/22	REPAIR TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
25280	04/01/22	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25290	04/01/22	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25295	04/01/22	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON
25310	04/01/22	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON
25312	04/01/22	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON
25320	04/01/22	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, ANY METHOD (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY
25332	04/01/22	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION
25337	04/01/22	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OF TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOU
25350	04/01/22	OSTEOTOMY, RADIUS; DISTAL THIRD
25360	04/01/22	OSTEOTOMY; ULNA
25390	04/01/22	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING
25394	04/01/22	OSTEOPLASTY, CARPAL BONE, SHORTENING
25400	04/01/22	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
25405	04/01/22	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25415	04/01/22	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
25425	04/01/22	REPAIR OR DEFECT WITH AUTOGRAFT; RADIUS OR ULNA
25431	04/01/22	REPAIR OF NONUNION OF CARPAL BONE, EACH BONE
25440	04/01/22	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)
25445	04/01/22	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM
25446	04/01/22	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)
25447	04/01/22	INTERPOSITION ARTHROPLASTY, INTERCARPAL OR CARPOMETACARPAL JOINTS
25450	04/01/22	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
25515	04/01/22	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
25520	04/01/22	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION)
25525	04/01/22	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION
25526	04/01/22	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION OF DISTAL RADIO-ULNAR JOINT (GALEAZZI FRACTURE/DISLOCATION), INCLUDES REPAIR OF TRI
25545	04/01/22	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
25574	04/01/22	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA
25575	04/01/22	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA
25606	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPARATION
25607	04/01/22	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR
25608	04/01/22	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR
25609	04/01/22	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3 OR MORE FRAGMENTS
25628	04/01/22	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH
25645	04/01/22	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE
25652	04/01/22	OPEN TREATMENT OF UNLAR STYLOID FRACTURE
25671	04/01/22	PERCUTANEOUS SKELETAL FIXATIONOF DISTALRADIOULNAR DISLOCATION
25676	04/01/22	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC
25695	04/01/22	OPEN TREATMENT OF LUNATE DISLOCATION
25800	04/01/22	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITHOUT BONE GRAFT
25810	04/01/22	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25820	04/01/22	INTERCARPAL FUSION; WITHOUT BONE GRAFT
25825	04/01/22	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26034	04/01/22	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HAND OR FINGER

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
26037	04/01/22	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)
26045	04/01/22	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL
26055	04/01/22	TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)
26080	04/01/22	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
26111	04/01/22	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; 1.5 CM OR GREATER
26113	04/01/22	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER
26115	04/01/22	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; SUPERFICIAL
26116	04/01/22	EXCISION, TUMOR OR VASCULAR MALFORMATION, HAND OR FINGER; DEEP, SUBFASCIAL, INTRAMUSCULAR
26117	04/01/22	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER
26118	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER
26121	04/01/22	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT)
26123	04/01/22	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT);
26125	04/01/22	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING GRAFT); EACH ADDITIONAL DIGIT (LIS)
26140	04/01/22	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT
26145	04/01/22	SYNOVECTOMY TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR, PALM OR FINGER, SINGLE, EACH DIGIT
26160	04/01/22	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER
26180	04/01/22	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE)
26185	04/01/22	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)
26200	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;
26205	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26210	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;

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Procedure Code	Effective Date	Description
26215	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26230	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL
26235	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX OF FINGER
26236	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHALANX OF FINGER
26250	04/01/22	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, METACARPAL;
26260	04/01/22	RADICAL RESECTION (OSTECTOMY) FOR TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER
26320	04/01/22	REMOVAL OF IMPLANT FROM FINGER OR HAND
26350	04/01/22	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN NO MAN'S LAND; PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON
26352	04/01/22	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN NO MAN'S LAND; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26356	04/01/22	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN NO MAN'S LAND; PRIMARY, EACH TENDON
26357	04/01/22	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN NO MAN'S LAND; SECONDARY, EACH TENDON
26358	04/01/22	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN NO MAN'S LAND; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON
26370	04/01/22	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; PRIMARY
26373	04/01/22	PROFUNDUS TENDON REPAIR OR ADVANCEMENT, WITH INTACT SUBLIMIS; SECONDARY WITHOUT FREE GRAFT
26390	04/01/22	FLEXOR TENDON EXCISION, IMPLANTATION OF PLASTIC TUBE OR ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER
26392	04/01/22	REMOVAL OF TUBE OR ROD AND INSERTION OF FLEXOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER
26410	04/01/22	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON
26412	04/01/22	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT, (INCLUDES OBTAINING GRAFT), EACH TENDON
26418	04/01/22	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON
26420	04/01/22	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT, (INCLUDES OBTAINING GRAFT) EACH TENDON
26426	04/01/22	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); USING LOCAL TISSUES

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Procedure Code	Effective Date	Description
26428	04/01/22	EXTENSOR TENDON REPAIR, CENTRAL SLIP REPAIR, SECONDARY (BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
26433	04/01/22	EXTENSOR TENDON REPAIR, DISTAL INSERTION (MALLETT FINGER), OPEN, PRIMARY OR SECONDARY REPAIR; WITHOUT GRAFT
26434	04/01/22	EXTENSOR TENDON REPAIR, DISTAL INSERTION (MALLETT FINGER), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)
26437	04/01/22	EXTENSOR TENDON REALIGNMENT, HAND
26440	04/01/22	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM OR FINGER, SINGLE, EACH TENDON
26442	04/01/22	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON
26445	04/01/22	TENOLYSIS, EXTENSOR TENDON, DORSUM OF HAND OR FINGER; EACH TENDON
26455	04/01/22	TENOTOMY, FLEXOR, SINGLE, FINGER, OPEN, EACH
26460	04/01/22	TENOTOMY, EXTENSOR, HAND OR FINGER, SINGLE, OPEN, EACH
26471	04/01/22	TENODESIS; FOR PROXIMAL INTERPHALANGEAL JOINT STABILIZATION
26474	04/01/22	TENODESIS; FOR DISTAL JOINT STABILIZATION
26478	04/01/22	TENDON LENGTHENING, FLEXOR, HAND OR FINGER, SINGLE, EACH
26480	04/01/22	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITHOUT FREE GRAFT, EACH
26490	04/01/22	OPPONENSPLASTY; SUBLIMIS TENDON TRANSFER TYPE
26496	04/01/22	OPPONENSPLASTY; OTHER METHODS
26497	04/01/22	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER
26498	04/01/22	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS
26500	04/01/22	TENDON PULLEY RECONSTRUCTION; WITH LOCAL TISSUES (SEPARATE PROCEDURE)
26502	04/01/22	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)
26508	04/01/22	THENAR MUSCLE RELEASE FOR THUMB CONTRACTURE
26516	04/01/22	CAPSULODESIS FOR M-P JOINT STABILIZATION; SINGLE DIGIT
26520	04/01/22	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; METACARPOPHALANGEAL JOINT, SINGLE, EACH
26525	04/01/22	CAPSULECTOMY OR CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH
26530	04/01/22	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; SINGLE, EACH
26531	04/01/22	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH
26535	04/01/22	ARTHROPLASTY INTERPHALANGEAL JOINT; SINGLE, EACH
26536	04/01/22	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, SINGLE, EACH
26540	04/01/22	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT
26541	04/01/22	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
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Procedure Code	Effective Date	Description
26542	04/01/22	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)
26545	04/01/22	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT
26546	04/01/22	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)
26548	04/01/22	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT
26550	04/01/22	POLLICIZATION OF A DIGIT
26561	04/01/22	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS
26562	04/01/22	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)
26565	04/01/22	OSTEOTOMY FOR CORRECTION OF DEFORMITY; METACARPAL
26567	04/01/22	OSTEOTOMY FOR CORRECTION OF DEFORMITY; PHALANX OF FINGER
26587	04/01/22	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE
26591	04/01/22	REPAIR, INTRINSIC MUSCLES OF HAND (SPECIFY)
26593	04/01/22	RELEASE, INTRINSIC MUSCLES OF HAND (SPECIFY)
26608	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE
26615	04/01/22	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHO
26645	04/01/22	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION
26650	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION, WITH OR WITHOUT EXTERNAL FIXATION
26665	04/01/22	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
26676	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATION
26685	04/01/22	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
26686	04/01/22	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAYED REDUCTION
26706	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION
26715	04/01/22	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
26727	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MANIPULATION, EACH
26735	04/01/22	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH

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Procedure Code	Effective Date	Description
26742	04/01/22	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION, EACH
26746	04/01/22	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
26756	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH
26765	04/01/22	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
26776	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION
26785	04/01/22	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE
26842	04/01/22	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26843	04/01/22	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;
26850	04/01/22	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;
26860	04/01/22	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;
26861	04/01/22	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT
26862	04/01/22	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
26863	04/01/22	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH ADDITIONAL JOINT
26910	04/01/22	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION, SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER
26951	04/01/22	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT CLOSURE
26952	04/01/22	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL ADVANCEMENT FLAPS (V-Y, HOOD)
26990	04/01/22	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA
26991	04/01/22	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA
27000	04/01/22	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, CLOSED (SEPARATE PROCEDURE)
27001	04/01/22	TENOTOMY, ADDUCTOR OF HIP, SUBCUTANEOUS, OPEN
27041	04/01/22	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP
27043	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREATER
27045	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER

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Procedure Code	Effective Date	Description
27048	04/01/22	EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR
27059	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER
27062	04/01/22	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION
27080	04/01/22	COCCYGECTOMY, PRIMARY
27130	04/01/22	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27132	04/01/22	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT
27257	04/01/22	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR TRACTION; WITH MANIPULATION, REQUIRING ANESTHESIA
27266	04/01/22	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA
27279	04/01/22	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INV
27305	04/01/22	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN
27306	04/01/22	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); SINGLE
27307	04/01/22	TENOTOMY, SUBCUTANEOUS, CLOSED, ADDUCTOR OR HAMSTRING, (SEPARATE PROCEDURE); MULTIPLE
27310	04/01/22	ARTHROTOMY, KNEE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
27324	04/01/22	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP
27328	04/01/22	EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR
27331	04/01/22	ARTHROTOMY, KNEE; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODIES
27332	04/01/22	ARTHROTOMY, KNEE, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL OR LATERAL
27334	04/01/22	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR OR POSTERIOR
27335	04/01/22	ARTHROTOMY, KNEE, WITH SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA
27337	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTAN
27339	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
27340	04/01/22	EXCISION, PREPATELLAR BURSA
27345	04/01/22	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)
27347	04/01/22	EXCISION OF LESION OF MENISCUS/CAPSULE (EG, CYST, GANGLION), KNEE
27350	04/01/22	PATELLECTOMY OR HEMIPATELLECTOMY

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Procedure Code	Effective Date	Description
27355	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;
27356	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT
27358	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355, 27356, OR 27357)
27360	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), FEMUR, PROXIMAL TIBIA AND/OR FIBULA
27364	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR GREATER
27380	04/01/22	SUTURE OF INFRAPATELLAR TENDON; PRIMARY
27381	04/01/22	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
27385	04/01/22	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY
27386	04/01/22	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
27394	04/01/22	LENGTHENING OF HAMSTRING TENDON; MULTIPLE, ONE LEG
27396	04/01/22	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE
27403	04/01/22	ARTHROTOMY WITH OPEN MENISCUS REPAIR
27405	04/01/22	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL
27407	04/01/22	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE
27409	04/01/22	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS
27415	04/01/22	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN
27416	04/01/22	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT(S))
27418	04/01/22	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, FOR CHONDROMALACIA PATELLAE)
27420	04/01/22	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; (HAUSER TYPE PROCEDURE)
27422	04/01/22	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (CAMPBELL, GOLDWAITE TYPE PROCEDURE)
27424	04/01/22	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY OR HEMIPATELLECTOMY
27425	04/01/22	LATERAL RETINACULAR RELEASE (ANY METHOD)
27427	04/01/22	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR
27428	04/01/22	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)
27429	04/01/22	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR
27430	04/01/22	QUADRICEPSPLASTY (BENNETT OR THOMPSON TYPE)
27437	04/01/22	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS

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Procedure Code	Effective Date	Description
27438	04/01/22	ARTHROPLASTY, PATELLA; WITH PROSTHESIS
27440	04/01/22	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;
27442	04/01/22	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS;
27446	04/01/22	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT
27447	04/01/22	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE REPLACEMENT)
27475	04/01/22	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR
27479	04/01/22	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA
27502	04/01/22	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
27509	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR TRANSCONDYLAR, WITH OR WITHOUT INTERCONDYLAR EXTENSION, OR DISTAL FEMORAL EPIPHYSEAL SEPARATION
27570	04/01/22	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA ((INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)
27600	04/01/22	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY
27601	04/01/22	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY
27602	04/01/22	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)
27606	04/01/22	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA
27610	04/01/22	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY
27612	04/01/22	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING
27619	04/01/22	EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR
27620	04/01/22	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
27625	04/01/22	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY;
27626	04/01/22	ARTHROTOMY, ANKLE, WITH SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY
27630	04/01/22	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE
27632	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER
27634	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER
27635	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;

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Procedure Code	Effective Date	Description
27637	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
27638	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT
27640	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSEC
27641	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR EXOSTOSIS); FIBULA
27650	04/01/22	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;
27652	04/01/22	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)
27654	04/01/22	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT
27658	04/01/22	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH
27659	04/01/22	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH
27664	04/01/22	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH
27665	04/01/22	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY, WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH
27675	04/01/22	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY
27676	04/01/22	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY
27680	04/01/22	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE
27685	04/01/22	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)
27686	04/01/22	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH
27687	04/01/22	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)
27690	04/01/22	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIREC
27691	04/01/22	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFO
27695	04/01/22	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL
27696	04/01/22	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS
27698	04/01/22	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)
27700	04/01/22	ARTHROPLASTY, ANKLE;
27702	04/01/22	ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)
27704	04/01/22	REMOVAL OF ANKLE IMPLANT

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
27705	04/01/22	OSTEOTOMY; TIBIA
27707	04/01/22	OSTEOTOMY; FIBULA
27709	04/01/22	OSTEOTOMY; TIBIA AND FIBULA
27720	04/01/22	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)
27726	04/01/22	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION
27732	04/01/22	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA
27752	04/01/22	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION
27758	04/01/22	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE
27759	04/01/22	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT INTERLOCKING SCREWS AND/OR CERCLAGE
27762	04/01/22	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION
27766	04/01/22	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
27768	04/01/22	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION
27769	04/01/22	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED
27784	04/01/22	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
27792	04/01/22	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS
27810	04/01/22	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION
27822	04/01/22	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITHOUT FIXATION OF POSTERIOR LIP
27823	04/01/22	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LATERAL MALLEOLUS; WITH FIXATION OF POSTERIOR LIP
27825	04/01/22	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH OR WITHOUT ANESTHESIA; WITH SKELETAL TRACTION AND/OR REQUIRING MANIPULATION
27827	04/01/22	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF TIBIA ONLY

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
27828	04/01/22	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND), WITH INTERNAL OR EXTERNAL FIXATION; OF BOTH TIBIA AND FIBULA
27829	04/01/22	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
27832	04/01/22	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR WITH EXCISION OF PROXIMAL FIBULA
27842	04/01/22	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION
27848	04/01/22	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR EXTERNAL FIXATION
27860	04/01/22	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)
27870	04/01/22	ARTHRODESIS, ANKLE, ANY METHOD
27871	04/01/22	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL
27884	04/01/22	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION
27892	04/01/22	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE
28008	04/01/22	FASCIOTOMY, FOOT AND/OR TOE
28020	04/01/22	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT
28022	04/01/22	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT
28035	04/01/22	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)
28039	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER
28041	04/01/22	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER
28045	04/01/22	EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR
28047	04/01/22	RADICAL RESECTION OF TUMOR (EG, SARCOMA), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER
28052	04/01/22	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT
28055	04/01/22	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT
28060	04/01/22	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)
28062	04/01/22	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)
28070	04/01/22	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH
28080	04/01/22	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH
28090	04/01/22	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
28092	03/15/23	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (I
28100	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;
28103	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT
28104	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;
28106	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
28107	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT
28108	04/01/22	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT
28110	04/01/22	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)
28111	04/01/22	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD
28112	04/01/22	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)
28113	04/01/22	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD
28114	04/01/22	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METATARSAL (CLAYTON TYPE PROCEDURE)
28116	04/01/22	OSTECTOMY, EXCISION OF TARSAL COALITION
28118	04/01/22	OSTECTOMY, CALCANEUS;
28119	04/01/22	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE
28120	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TALAR BOSSING), TALUS OR CALCANEUS
28122	04/01/22	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOSSING), TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS
28140	04/01/22	METATARSECTOMY
28173	04/01/22	RADICAL RESECTION OF TUMOR, BONE; METATARSAL
28175	04/01/22	RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE
28200	04/01/22	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
28202	04/01/22	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
28208	04/01/22	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
28210	04/01/22	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY, WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
28225	04/01/22	TENOLYSIS, EXTENSOR, FOOT; SINGLE
28226	04/01/22	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)
28238	04/01/22	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)
28250	04/01/22	DIVISION OF PLANTAR FASCIA AND MUSCLE (STEINDLER STRIPPING) (SEPARATE PROCEDURE)
28262	04/01/22	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR RESISTANT CLUBFOOT DEFORMITY
28270	04/01/22	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENO
28285	04/01/22	HAMMERTOE OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)
28288	04/01/22	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL HEAD
28289	04/01/22	HALLUX RIGIDUS CORRECTION W/CHEILECTOMY DEBRIDEMENT & CAPSULAR RELEASE OF 1ST MP
28291	04/01/22	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITH IMPLANT
28292	04/01/22	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE
28296	04/01/22	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CHEVRON, OR CONCENTRIC TYPE PROCEDURES)
28297	04/01/22	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE
28298	04/01/22	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY
28299	04/01/22	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)
28300	04/01/22	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION
28302	04/01/22	OSTEOTOMY; TALUS
28304	04/01/22	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;
28305	04/01/22	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS WITH AUTOGRAFT (FOWLER)
28306	04/01/22	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER TYPE)
28307	04/01/22	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; FIRST METATARSAL WITH AUTOGRAFT

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
28308	04/01/22	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTION; OTHER THAN FIRST METATARSAL
28309	04/01/22	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)
28310	04/01/22	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION;
28313	04/01/22	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDURES ONLY
28315	04/01/22	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)
28320	04/01/22	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)
28322	04/01/22	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)
28340	04/01/22	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION
28344	04/01/22	RECONSTRUCTION, TOE(S); POLYDACTYLY
28345	04/01/22	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB
28415	04/01/22	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;
28420	04/01/22	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAINING GRAFT)
28445	04/01/22	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
28465	04/01/22	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
28476	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH
28485	04/01/22	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTER
28496	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION
28505	04/01/22	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
28525	04/01/22	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH
28555	04/01/22	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
28585	04/01/22	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
28615	04/01/22	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
28636	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION
28645	04/01/22	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
28666	04/01/22	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION
28675	04/01/22	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION
28705	04/01/22	PANTALAR ARTHRODESIS
28715	04/01/22	TRIPLE ARTHRODESIS
28725	04/01/22	SUBTALAR ARTHRODESIS
28730	04/01/22	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;
28735	04/01/22	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION
28737	04/01/22	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)
28740	04/01/22	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT
28750	04/01/22	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT
28755	04/01/22	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT
28760	04/01/22	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK (JONES TYPE PROCEDURE)
28810	04/01/22	AMPUTATION, METATARSAL, WITH TOE, SINGLE
28820	04/01/22	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
28825	04/01/22	AMPUTATION, TOE; INTERPHALANGEAL JOINT
29800	04/01/22	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29804	04/01/22	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL
29806	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL, CAPSULORRHAPHY
29807	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL, REPAIR OF SLAP LESION
29819	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29820	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL
29821	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE
29822	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED, 1 OR 2 DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE, GLENOID ARTICULAR CARTILAGE, BICEPS TENDON, BICEPS ANCHOR COMPLEX, LABRUM, ARTICULAR CAPSULE)
29823	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE, 3 OR MORE DISCRETE STRUCTURES (EG, HUMERAL BONE, HUMERAL ARTICULAR CARTILAGE, GLENOID BONE,

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
		GLENOID ARTICULAR CARTILAGE, BICEPS TENDON, BICEPS ANCHOR COMPLEX, LABRUM, ARTICULAR CAPSULE, ARTICULAR SI
29824	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL, DISTAL CLAVICULECTOMY INCLU
29825	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION
29826	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOUT CORACOACROMIAL RELEASE
29827	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR
29828	04/01/22	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS
29830	03/15/23	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIO
29834	04/01/22	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29835	04/01/22	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL
29836	04/01/22	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE
29837	04/01/22	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED
29838	04/01/22	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE
29840	04/01/22	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)
29844	04/01/22	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL
29845	04/01/22	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE
29846	04/01/22	ARTHROSCOPY, WRIST, SURGICAL; EXCISION AND/OR REPAIR OF TRIANGULAR FIBROCARILAGE AND/OR JOINT DEBRIDEMENT
29847	04/01/22	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY
29848	04/01/22	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT
29851	04/01/22	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION; WITH INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
29855	04/01/22	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION (INCLUDES ARTHROSCOPY)
29860	04/01/22	ARTHROSCOPY, HIP, DIAGNOSTIC W/WO SYNOVIAL BIOPSY/SEPARATE PROCEDURE
29861	04/01/22	ARTHROSCOPY, HIP SURGICAL; WITH REMOVAL OF FOREGIN BODY
29862	04/01/22	ARTHROSCOPY, HIP, SURGICAL; W/DEBRIDEMENT OF ARTICULAR CARTILAGE
29863	04/01/22	ARTHROSCOPY, HIP, SURGICAL; W/SYNOVECTOMY
29866	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE AUTOGRAFT)
29870	04/01/22	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOP
29871	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
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Procedure Code	Effective Date	Description
29873	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE
29874	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENTATION, CHONDRAL FRAGMENTATION)
29875	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)
29876	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)
29877	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)
29879	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY WHERE NECESSARY) OR MULTIPLE DRILLING
29880	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)
29881	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)
29882	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)
29883	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)
29884	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)
29885	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDRITIS DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERNAL FIXATION (INCLUDING DEBRIDEMENT OF BASE OF LESION)
29886	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION
29887	04/01/22	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDRITIS DISSECANS LESION WITH INTERNAL FIXATION
29888	04/01/22	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION
29891	04/01/22	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OF OSTEOCHONDRAL OF TALUS AND/OR TIBIA
29892	04/01/22	ARTHROSCOPICALLY AIDED REPAIR OF LG OS - TEOCHONDRAL DISSECANS LEGIONS, TALAR DOME
29893	04/01/22	ENDOSCOPIC PLANTAR FASCIOTOMY
29894	04/01/22	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY
29895	04/01/22	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL
29897	04/01/22	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
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Procedure Code	Effective Date	Description
29898	04/01/22	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE
29899	04/01/22	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH ANKLE ARTHRODESIS
29905	04/01/22	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY
29906	04/01/22	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT
29907	04/01/22	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS
29914	04/01/22	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE TREATMENT OF CAM LESION)
29915	04/01/22	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLSTY (IE, TREATMENT OF PINCER LESION)
29916	04/01/22	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR
30115	04/01/22	EXCISION, NASAL POLYP(S), EXTENSIVE
30118	04/01/22	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)
30125	04/01/22	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE
30140	04/01/22	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE
30400	04/01/22	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP
30410	04/01/22	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF NASAL TIP
30420	04/01/22	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR
30430	04/01/22	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)
30435	04/01/22	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)
30450	04/01/22	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)
30460	04/01/22	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP ONLY
30462	04/01/22	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING; TIP, SEPTUM, OSTEOTOMIES
30465	04/01/22	REPAIR OF NASAL VESTIBULAR STENOSIS (EG SPREADER GRAFTING, LATERAL NASAL WALL)
30468	03/15/23	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL
30520	03/15/23	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAG
30630	04/01/22	REPAIR NASAL SEPTAL PERFORATIONS
31020	04/01/22	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL
31032	04/01/22	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS
31070	04/01/22	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)
31201	04/01/22	ETHMOIDECTOMY; INTRANASAL, TOTAL
31239	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY
31253	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (A

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
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Procedure Code	Effective Date	Description
31255	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, TOTAL (ANTERIOR AND POSTERIOR)
31256	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;
31257	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (A
31259	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (A
31267	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS
31276	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM FRONTAL SINUS
31287	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;
31288	04/01/22	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS
31300	04/01/22	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY
31400	04/01/22	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH
31510	04/01/22	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY
31512	04/01/22	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION
31525	04/01/22	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN
31526	04/01/22	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE
31528	04/01/22	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL
31529	04/01/22	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT
31531	04/01/22	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE
31535	04/01/22	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;
31536	04/01/22	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE
31540	04/01/22	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;
31541	04/01/22	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING MICROSCOPE
31545	04/01/22	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-NEOPLASTIC LESION(S) OF VOCAL CORD; RECONSTRUCTION WITH LOCAL TISSUE FLAP(S)
31571	04/01/22	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE
31578	04/01/22	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC, WITH REMOVAL OF LESION

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
31611	04/01/22	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE BUTTON, BLOM-SINGER PROSTHESIS)
31613	04/01/22	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION
31623	04/01/22	BRONCHOSCOPY; WITH BRUSHING OR PROTECTED BRUSHINGS
31624	04/01/22	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE
31625	04/01/22	BRONCHOSCOPY; WITH BIOPSY
31626	04/01/22	(CODE DELETED IN 1987.) BRONCHOSCOPY; WITH BIOPSY, FIBEROPTIC BRONCHOSCOPE (FLEXIBLE)
31628	04/01/22	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE
31629	04/01/22	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY
31630	04/01/22	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE
31631	04/01/22	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT
31632	04/01/22	BRONCHOSCOPY, (RIGID OR FLEXIBLE), WITH OR WITHOUT FLOUROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE
31633	04/01/22	BRONCHOSCOPY, (RIGID OR FLEXIBLE), WITH OR WITHOUT FLOUROSCIPIC GUIDANCE: WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY(S), EACH ADDITIONAL LOBE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE
31635	04/01/22	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY
31636	04/01/22	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S) (INCLUDES TRACHAL/BRONCHIAL DILATION AS REQUIRED), INITIAL BRONCHUS
31640	04/01/22	BRONCHOSCOPY; WITH EXCISION OF TUMOR
31641	04/01/22	BRONCHOSCOPY; WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, LASER)
31643	04/01/22	BRONCHOSCOPY; W/PLACE OF CATHETER(S) FOR INTRACAVIT, RADIOELEMENT APPLICATION
31645	04/01/22	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL (EG, DRAINAGE OF LUNG ABSCESS)
31646	04/01/22	BRONCHOSCOPY; WITH THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, SUBSEQUENT
31652	04/01/22	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION(S)/BIOPSY(IES)), ONE OR TWO MEDIASTINAL AND/OR HILAR LYMPH NODE STAT

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
31653	04/01/22	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING (EG, ASPIRATION(S)/BIOPSY(IES)), 3 OR MORE MEDIASTINAL AND/OR HILAR LYMPH NODE STATI
31720	04/01/22	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL
31825	04/01/22	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR
32400	04/01/22	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE
32550	04/01/22	INSERTION OF INDWELLING TUNNELED PLEURALCATHETER WITH CUFF
32552	04/01/22	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF
32555	04/01/22	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE
33206	04/01/22	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL
33207	04/01/22	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR
33208	04/01/22	INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR
33210	04/01/22	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRODE OR PACEMAKER CATHETER (SEPARATE PROCEDURE)
33211	04/01/22	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)
33212	04/01/22	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHAMBER, ATRIAL OR VENTRICULAR
33213	04/01/22	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER
33214	04/01/22	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES REMOVAL OF PREVIOUSLY PLACED PULSE GENERATOR, TESTING OF EXISTING LEAD, INSERTION OF NEW LEAD, INSERTION OF NEW PULSE GENE
33215	04/01/22	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR (RIGHT ATRIAL OR RIGHT VENTRICULAR) ELECTRODE
33216	04/01/22	INSERTION, REPLACEMENT OR REPOSITIONING OF PERMANENT TRANSVENOUS ELECTRODE(S) ONLY (15 DAYS OR MORE AFTER INITIAL INSERTION); SINGLE CHAMBER, ATRIAL OR VENTRICULAR
33217	04/01/22	INSERTION, REPLACEMENT OR REPOSITIONING OF PERMANENT TRANSVENOUS ELECTRODE(S) ONLY (15 DAYS OR MORE AFTER INITIAL INSERTION); DUAL CHAMBER
33220	04/01/22	REPAIR OF PACEMAKER ELECTRODE(S) ONLY; DUAL CHAMBER
33221	04/01/22	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS
33222	04/01/22	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER

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Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
33223	04/01/22	REVISION OR RELOCATION OF SKIN POCKET FOR IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR
33224	04/01/22	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO PREVIOUSLY PLACED PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR (INCLUDING REVISION OF POCKER, REMOVAL, INSERTI
33226	04/01/22	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING REMOVAL, INSERTION AND/OR REPLACEMENT OF GENERATOR)
33227	04/01/22	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD SYSTEM
33228	04/01/22	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD SYSTEM
33229	04/01/22	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD SYSTEM
33230	04/01/22	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS
33231	04/01/22	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS
33233	04/01/22	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR;
33235	04/01/22	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM
33240	04/01/22	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY
33249	04/01/22	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR LEAD(S), BY OTHER THAN THORACOTOMY; WITH INSERTION OF CARDIO-DEFIBRILLATOR PULSE GENERATOR
33262	04/01/22	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; SINGLE LEAD SYSTEM
33263	04/01/22	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; DUAL LEAD SYSTEM
33264	04/01/22	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR; MULTIPLE LEAD SYSTEM
33285	04/01/22	INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING
33286	04/01/22	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR
35207	04/01/22	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER
36002	04/01/22	INJECTION PROCEDURE FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSUEDOANEURYSM

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
36512	04/01/22	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS
36513	03/15/23	THERAPEUTIC APHERESIS; FOR PLATELETS
36514	04/01/22	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS
36522	04/01/22	PHOTOPHERESIS, EXTRACORPOREAL
36555	04/01/22	INSERTION FOR NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, UNDER 5 YEARS OF AGE
36556	04/01/22	INSERTION FOR NON-TUNNELED CENTRALLY INSERTED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEARS OR OLDER
36557	04/01/22	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; UNDER 5 YEARS OF AGE
36560	04/01/22	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; UNDER 5 YEARS OF AGE-FOR PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE
36561	04/01/22	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER-FOR PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE
36563	04/01/22	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PUMP
36565	04/01/22	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEICE, REQUIRING TWO CATHETERS VIA TWO SEPARATE VENOUS ACCESS SITES; WITHOUT SUBCUTANEOUS PORT OR PUMP (EG, TESIO TYPE CATHETER)
36566	04/01/22	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING TWO CATHETERS VIA TWO SEPARATE VENOUS ACCESS SITES; WITH SUBCUTANEOUS PORT(S)
36568	04/01/22	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5 YEARS OF AGE (NON-TUNNELED)
36569	04/01/22	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR OLDER (NON-TUNNELED)
36570	04/01/22	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; UNDER 5 YEARS OF AGE (TUNNELED)
36576	04/01/22	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP CENTRAL OR PERIPHERAL INSERTION SITE
36578	04/01/22	REPLACEMENT, CATHETER ONLY, CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE (COMPLETE REPLACEMENT)
36580	04/01/22	REPLACEMENT, COMPLETE, OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS
36582	04/01/22	REPLACEMENT, COMPLETE, OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME VENOUS ACCESS

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
36584	04/01/22	REPLACEMENT, COMPLETED, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, THROUGH SAME VENOUS ACCESS
36585	04/01/22	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME VENOUS ACCESS
36590	04/01/22	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT OR PUMP INSERTION
36597	04/01/22	REPOSITIONING OF PREVIOUS PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE
36815	04/01/22	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR CLOSURE
36818	04/01/22	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION
36819	04/01/22	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION
36820	04/01/22	(CODE DELETED IN 1994. TO REPORT, USE 36821) INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, INTERNAL (CIMINO TYPE)
36821	04/01/22	ARTERIOVENOUS ANASTOMOSIS, DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE PROCEDURE)
36825	04/01/22	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); AUTOGENOUS GRAFT
36830	04/01/22	CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS GRAFT
36831	04/01/22	THROMBECTOMY, ARTERIOVENOUS FISTULA W/O REVISION, AUTO/NONAUTO DIALYSIS GRAFT
36832	04/01/22	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT (SEPARATE PROCEDURE)
36833	04/01/22	REVISION, ARTERIOVENOUS FISTULA; W/THROMBOLECTOMY, AUTO/NONAUTO DIALYSIS GRAFT
37197	04/01/22	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG, FRACTURED VENOUS OR ARTERIAL CATHETER), INCLUDES RADIOLOGICAL SUPERVISION AND INTERPRETATION, AND IMAGING GUIDANCE (ULTRASOUND OR FLUOROSCOPY), WHEN PERFORMED
37200	04/01/22	TRANSCATHETER BIOPSY
37212	04/01/22	TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INITIAL TREATMENT DAY
37236	04/01/22	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; INITIAL ARTERY
37237	04/01/22	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ALL ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL ARTERY

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Procedure Code	Effective Date	Description
37239	04/01/22	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION AND INCLUDING ANGIOPLASTY WITHIN THE SAME VESSEL, WHEN PERFORMED; EACH ADDITIONAL VEIN
37500	04/01/22	(CODE DELETED IN 1987.) PHLEBORRHAPHY, SUTURE OF MAJOR VEIN, WOUND OR INJURY (SEPARATE PROCEDURE); NECK NEW CODE DESCRIPTION 2003 VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)
37607	04/01/22	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA
37609	04/01/22	LIGATION OR BIOPSY, TEMPORAL ARTERY
37722	04/01/22	LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW
37735	04/01/22	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN GRAFT AND/OR INTERRUPTION OF COMMUNICATING VEINS OF LOWER LEG, WITH EXCISION OF DEEP FASCIA
38206	04/01/22	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGUS
38230	04/01/22	BONE MARROW HARVESTING FOR TRANSPLANTATION
38500	04/01/22	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)
38505	04/01/22	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)
38510	04/01/22	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)
38520	04/01/22	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD
38525	04/01/22	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)
38530	04/01/22	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)
38542	04/01/22	DISSECTION, DEEP JUGULAR NODE(S)
38550	04/01/22	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR DISSECTION
38570	04/01/22	LAPAROSCOPY, SURG;W/RETROPERITONEAL LYMPHNODE SMPLNG (BIOPSY), SNGL/MULTIPLE
38571	04/01/22	LAPAROSCOPY SUG;W/BILATERAL TOTAL PELVICLYMPHADENECTOMY
38572	04/01/22	LAPAROSCOPY SURGERY W/BILATERAL TOTAL PEL. LYMPHDNCTMYPERI-AORTIC LYMPHNODE SMPLNG, SNGL/MLTPL
38700	04/01/22	SUPRAHYOID LYMPHADENECTOMY
38745	04/01/22	AXILLARY LYMPHADENECTOMY; COMPLETE
38760	04/01/22	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)
40530	04/01/22	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION

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Procedure Code	Effective Date	Description
40700	04/01/22	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL
40701	04/01/22	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, BILATERAL, ONE STAGE PROCEDURE
40720	04/01/22	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE
41016	04/01/22	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL
41120	04/01/22	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE
41512	04/01/22	TONGUE BASE SUSPENSION PERMANENT SUTURE TQ
41520	04/01/22	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)
42140	04/01/22	UVULECTOMY, EXCISION OF UVULA
42145	04/01/22	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)
42200	04/01/22	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY
42205	04/01/22	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY
42210	04/01/22	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)
42215	04/01/22	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION
42220	04/01/22	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE
42225	04/01/22	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP
42305	04/01/22	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED
42340	04/01/22	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL
42410	04/01/22	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION
42415	04/01/22	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
42420	04/01/22	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE
42440	04/01/22	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND
42505	04/01/22	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED
42815	04/01/22	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX
42820	04/01/22	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12
42821	04/01/22	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER
42825	04/01/22	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12
42826	04/01/22	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER
42830	04/01/22	ADENOIDECTOMY, PRIMARY; UNDER AGE 12

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Procedure Code	Effective Date	Description
42831	04/01/22	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER
42835	04/01/22	ADENOIDECTOMY, SECONDARY; UNDER AGE 12
42836	04/01/22	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER
42870	04/01/22	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)
42950	04/01/22	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)
42962	04/01/22	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); WITH SECONDARY SURGICAL INTERVENTION
43180	04/01/22	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL ESOPHAGUS (EG, ZENKER'S DIVERTICULUM), WITH CRICOPHARYNGEAL MYOTOMY, INCLUDES USE OF TELESCOPE OR OPERATING MICROSCOPE AND REPAIR, WHEN PERFORMED
43191	04/01/22	RIGID TRANSORAL, ESOPHAGOSCOPY, DIAGNOSTIC, BRUSHING WASHING
43194	04/01/22	RIGID TRANSORAL, ESOPHAGOSCOPY, FOREIGN BODY REMOVAL
43195	04/01/22	RIGID TRANSORAL, ESOPHAGOSCOPY, BALLOON DILATION
43196	04/01/22	RIGID TRANSORAL, ESOPHAGOSCOPY, GUIDE WIRE INSERTION, DILATION
43201	04/01/22	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCUSAL INJECTION(S), ANY SUBSTANCE
43205	04/01/22	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES
43210	04/01/22	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES DUODENOSCOPY WHEN PERFORMED
43211	04/01/22	FLEXIBLE TRANSORAL ESOPHAGOSCOPY, MUCOSAL RESECTION
43212	04/01/22	FLEXIBLE TRANSORAL ESOPHAGOSCOPY, STENT PLACEMENT, DILATION, GUIDEWIRE PASSAGE
43213	04/01/22	FLEXIBLE TRANSORAL ESOPHAGOSCOPY, RETROGRADE DILATION
43214	04/01/22	FLEXIBLE TRANSORAL ESOPHAGOSCOPY, BALLOON DILATION INCLUDING IMAGING
43215	04/01/22	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF FOREIGN BODY
43220	04/01/22	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)
43226	04/01/22	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE
43229	04/01/22	FLEXIBLE TRANSORAL ESOPHAGOSCOPY, ABLATION, DILATION GUIDE WIRE PASSAGE
43231	04/01/22	ESOPHAGOSCOPY DIAG. W/ OR W/O COLLECTION OF SPECIMEN W/ENDOSCOPIC ULTRASOUND EXAM
43232	04/01/22	ESOPHAGOSCOPY DIAG. W/ OR W/O COLLECTION W/TRANSENDOSCOPIC NEEDLE ASPIRATION BIOPSY
43233	04/01/22	FLEXIBLE EGD, BALLOON DILATION
43235	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
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Procedure Code	Effective Date	Description
43236	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
43237	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH AND EITHER DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE ESOPHAGUS
43238	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH AND EITHER DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRANS ENDOSCOPIC ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOIIPSY(S), ESOPHAGUS (INCLUD
43239	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BIOPSY, SINGLE OR MULTIPLE
43240	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY W/ OR W/O COLLECTION W/TRANSMURAL DRAINAGE OF CYST
43241	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH TRANSENDOSCOPIC TUBE OR CATHETER PLACEMENT
43242	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY W/ OR W/O COLLECTION W/TRANSENDOSCOPIC NEEDLE ASPIRATION
43243	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL AND/OR
43244	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC VARICES
43245	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; ;WITH DILATION OF GASTRIC OUTLET FOR OBSTRUCTION, ANY METHOD
43246	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DIRECTED PLACEMENT OF PERCUTANEOUS GASTROSTOMY TUBE
43247	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF FOREIGN BODY
43248	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF ESOPHAGUS OVER GUIDE WIRE
43249	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH BALLOON DILATION OF ESOPHAGUS (LESS THAN 30 MM DIAMETER)

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Procedure Code	Effective Date	Description
43250	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
43251	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
43253	04/01/22	FLEXIBLE EGD, ULTRASOUND-GUIDED INJECTION, ULTRASOUND EXAM
43254	04/01/22	FLEXIBLE EGD, MUCOSAL RESECTION
43255	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH CONTROL OF BLEEDING, ANY METHOD
43257	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH DELIVERY OF THERMAL ENERGY TO THE MUSCLE OF LOWER ESOPHAGEAL SPHINCTER AND/OR GASTRIC CARDIA, FOR TREATMENT
43259	04/01/22	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPROPRIATE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION
43260	04/01/22	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S), BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
43261	04/01/22	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE
43262	04/01/22	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY
43264	04/01/22	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE REMOVAL OF STONE(S) FROM BILIARY AND/OR PANCREATIC DUCTS
43265	04/01/22	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADE DESTRUCTION, LITHOTRIPSY OF STONE(S), ANY METHOD
43266	04/01/22	FLEXIBLE EGD, STENT PLACEMENT, DILATION, GUIDE WIRE PASSAGE
43270	04/01/22	FLEXIBLE EGD, ABLATION, DILATION GUIDE WIRE PASSAGE
43273	04/01/22	NDSC CANNULATION PAPILLA VIS BILE &/PNCRTC DUX
43274	04/01/22	ERCP, STENT PLACEMENT, DILATION, GUIDE WIRE PASSAGE, SPHINCTEROTOMY
43275	04/01/22	ERCP, FOREIGN BODY/STENT REMOVAL
43276	04/01/22	ERCP, REMOVAL AND EXCHANGE OF STENT, DILATION, GUIDE WIRE PASSAGE, SPHINCTEROTOMY
43277	04/01/22	ERCP, DILATION, SPHINCTEROPLASTY, SPHINCTEROTOMY
43450	04/01/22	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES
43453	04/01/22	DILATION OF ESOPHAGUS, OVER GUIDE WIRE

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Procedure Code	Effective Date	Description
43644	03/15/23	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH G
43653	04/01/22	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WO/CONSTRUCTION OF GASTRIC TUBE
43752	04/01/22	NASO- OR ORO-GASTRIC TUBE PLACEMENT, NECESSITATING PHYSICIAN'S SKILL
43775	03/15/23	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGIT
43870	04/01/22	CLOSURE OF GASTROSTOMY, SURGICAL
43886	04/01/22	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY
43887	04/01/22	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY
43888	04/01/22	GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY
44312	04/01/22	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
44340	04/01/22	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)
44360	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
44361	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE
44366	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD
44369	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY OR SNARE TECHNI
44372	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF PERCUTANEOUS JEJUNOSTOMY TUBE
44376	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
44377	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR MULTIPLE
44378	04/01/22	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF BLEEDING, ANY METHOD
44380	04/01/22	ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
44381	04/01/22	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION
44382	04/01/22	ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE

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Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
44386	04/01/22	ENDOSCOPIC EVALUATION OF SMALL INTESTINAL (ABDOMINAL OR PELVIC POUCH; WITH BIOPSY, SINGLE OR MULTIPLE
44500	04/01/22	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDURE)
45000	04/01/22	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS
45100	04/01/22	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)
45108	04/01/22	ANORECTAL MYOMECTOMY
45150	04/01/22	DIVISION OF STRICTURE OF RECTUM
45160	04/01/22	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROACH
45171	04/01/22	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)
45172	04/01/22	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)
45190	04/01/22	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG, ELECTRODESICCATION) TRANSANAL APPROACH
45308	04/01/22	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
45330	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
45331	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE
45332	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY
45334	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD
45335	04/01/22	SIGMOIDOSCOPY, FLEXIBLE, WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
45338	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
45340	04/01/22	SIGMOIDOSCOPY, FLEXIBLE, WITH DILATION BY BALLOON, 1 OR MORE STRICTURES
45341	04/01/22	SIGMOIDOSCOPY, FLEXIBLE, DIAG/ W/ OR W/O COLLECTION, W/ENDOSCOPIC ULTRASOUND EXAM
45342	04/01/22	SIGMOIDOSCOPY DIAG W/ OR W/O COLLECTION W/TRNSENDOSCOPIC ULTRASOUND GUIDED NEEDLE
45346	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)
45347	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)
45349	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION
45350	04/01/22	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)

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Procedure Code	Effective Date	Description
45378	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WITH OR WITHOUT COLON DECOMPRESSION (SEPARATE PROCEDURE)
45379	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY
45380	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH BIOPSY, SINGLE OR MULTIPLE
45381	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE
45382	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH CONTROL OF BLEEDING, ANY METHOD
45384	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY
45385	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE
45386	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES
45388	04/01/22	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)
45389	04/01/22	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN PERFORMED)
45390	04/01/22	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION
45392	04/01/22	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATION/BIOPSY(S)
45393	04/01/22	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN PERFORMED
45398	04/01/22	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)
45505	04/01/22	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE
45541	04/01/22	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH
45560	04/01/22	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)
45910	04/01/22	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL
45915	04/01/22	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA
45990	04/01/22	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC
46020	04/01/22	PLACEMENT OF SETON

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Procedure Code	Effective Date	Description
46045	04/01/22	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA
46080	04/01/22	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)
46200	04/01/22	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY
46230	04/01/22	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLA
46255	04/01/22	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;
46257	04/01/22	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY
46258	04/01/22	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
46260	04/01/22	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;
46261	04/01/22	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY
46262	04/01/22	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY
46270	04/01/22	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS
46275	04/01/22	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR
46280	04/01/22	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF SETON
46285	04/01/22	SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE
46288	04/01/22	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP
46505	04/01/22	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER
46608	04/01/22	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY
46700	04/01/22	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT
46706	04/01/22	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE
46750	04/01/22	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT
46930	04/01/22	DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY
46946	04/01/22	HEMORRHOIDECTOMY, INTERNAL, BY LIGATION OTHER THAN RUBBER BAND; 2 OR MORE HEMORRHOID COLUMNS/GROUPS, WITHOUT IMAGING GUIDANCE
46947	04/01/22	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING
47000	04/01/22	BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS
47382	04/01/22	ABLATION,OF ONE OR MORE LIVER TUMOR(S),PERCUTANEOUS,RADIOFREQUENCY
47534	04/01/22	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; INTERNAL-EXTERNAL
47536	04/01/22	EXCHANGE OF BILIARY DRAINAGE CATHETER (EG, EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF INTERNAL-EXTERNAL TO EXTERNAL ONLY), PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLO

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
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Procedure Code	Effective Date	Description
47537	04/01/22	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING BILIARY STENTS), INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE (EG, FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL S
47538	04/01/22	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICA
47539	04/01/22	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICA
47540	04/01/22	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG, FLUOROSCOPY AND/OR ULTRASOUND), BALLOON DILATION, CATHETER EXCHANGE(S) AND CATHETER REMOVAL(S) WHEN PERFORMED, AND ALL ASSOCIATED RADIOLOGICA
47554	04/01/22	BILIARY ENDOSCOPY, PERCUTANEOUS T-TUBE; WITH REMOVAL OF STONE(S)
47562	04/01/22	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY
47563	04/01/22	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W/CHOLANGIOGRAPHY
47564	04/01/22	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY W/EXPLORATION OF COMMON DUCT
48102	04/01/22	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE
49082	04/01/22	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE
49083	04/01/22	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE
49084	04/01/22	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED
49180	04/01/22	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE
49250	04/01/22	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)
49320	04/01/22	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, OMENTUM; DX W/WO COLLECTION OF SPECIMEN BY BRUSHING/WASHING
49321	04/01/22	LAPAROSCOPY, SURGICAL; W/BIOPSY (SINGLE & MULTIPLE)
49322	04/01/22	LAPAROSCOPY, SURGICAL; W/ASPIRATION OF CAVITY OR CYST
49324	04/01/22	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT
49325	04/01/22	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL IF PERFORMED
49407	04/01/22	IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR RETROPERITONEAL, TRANSVAGINAL OR TRANSRECTAL

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Procedure Code	Effective Date	Description
49421	04/01/22	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT
49422	04/01/22	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER
49423	04/01/22	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL
49436	04/01/22	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER
49440	04/01/22	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
49441	04/01/22	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTIONS, IMAGE DOCUMENTATION AND REPORT
49446	04/01/22	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
49450	04/01/22	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
49451	04/01/22	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGE DOCUMENTATION AND REPORT
49452	04/01/22	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S), IMAGEDOCUMENTATION AND REPORT
49495	04/01/22	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE
49496	04/01/22	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED
49500	04/01/22	REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO UNDER 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE
49505	04/01/22	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE
49507	04/01/22	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED
49520	04/01/22	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE
49521	04/01/22	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED
49525	04/01/22	REPAIR INGUINAL HERNIA, SLIDING, ANY AGE
49550	04/01/22	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE;
49553	04/01/22	REPAIR INITIAL FEMORAL HERNIA, ANY AGE, REDUCIBLE; INCARCERATED OR STRANGULATED
49557	04/01/22	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED

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Procedure Code	Effective Date	Description
49561	04/01/22	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED
49565	04/01/22	REPAIR RECURRENT INCISIONAL HERNIA; REDUCIBLE
49566	04/01/22	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED
49570	04/01/22	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)
49572	04/01/22	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED
49580	04/01/22	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS, REDUCIBLE
49582	04/01/22	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED
49585	04/01/22	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE
49587	04/01/22	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED
49590	04/01/22	REPAIR SPIGELIAN HERNIA
49650	04/01/22	LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA
49651	04/01/22	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA
49652	04/01/22	LAPS REPAIR HERNIA EXCEPT INCAL/INGUNRE DUCIBLE
49653	04/01/22	LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED
49654	04/01/22	LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE
49655	04/01/22	LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED
49656	04/01/22	LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE
49657	04/01/22	LAPS RPR RECURRENT INCAL HRNA NCRC8/STRANGULATED
50080	04/01/22	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; UP TO 2 CM
50081	04/01/22	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING OR BASKET EXTRACTION; OVER 2 CM
50200	04/01/22	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE
50384	04/01/22	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50385	04/01/22	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION
50389	04/01/22	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING URETERAL STENT)
50390	04/01/22	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS
50432	04/01/22	PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
50433	04/01/22	PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG,

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Procedure Code	Effective Date	Description
		ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION, NEW ACCESS
50435	04/01/22	EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION
50561	04/01/22	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
50580	04/01/22	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
50590	04/01/22	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE
50592	04/01/22	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY
50593	04/01/22	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY
50693	04/01/22	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; PRE-EXISTING NEPHROSTOMY
50694	04/01/22	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, WITHOUT SEPA
50695	04/01/22	PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM WHEN PERFORMED, IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY), AND ALL ASSOCIATED RADIOLOGICAL SUPERVISION AND INTERPRETATION; NEW ACCESS, WITH SEPARAT
50953	04/01/22	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH URETERAL CATHETERIZATION, WITH OR WITHOUT DILATION OF URETER
50957	04/01/22	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH FULGURATION AND/OR INCISION, WITH OR WITHOUT BIOPSY
50961	04/01/22	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS

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50980	04/01/22	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH REMOVAL OF FOREIGN BODY OR CALCULUS
51040	04/01/22	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE
51045	04/01/22	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)
51050	04/01/22	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION
51102	04/01/22	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER
51500	04/01/22	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR
51992	04/01/22	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG. FASCIA)
52000	04/01/22	CYSTOURETHROSCOPY (SEPARATE PROCEDURE)
52005	04/01/22	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE;
52007	04/01/22	CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE; WITH BRUSH BIOPSY OF URETER AND/OR RENAL PELVIS
52204	04/01/22	CYSTOURETHROSCOPY, WITH BIOPSY
52224	04/01/22	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM) LESION(S) WITH OR WITHOUT BIOPSY
52234	04/01/22	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER TUMOR(S) (0.5 TO 2.0 CM)
52235	04/01/22	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER TUMOR(S) (2.0 TO 5.0 CM)
52240	04/01/22	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF ; LARGE BLADDER TUMOR(S)
52260	04/01/22	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
52270	04/01/22	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE
52275	04/01/22	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE
52276	04/01/22	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY
52281	04/01/22	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTOMY AND INJECTION PROCEDURE FOR CYSTOGRAPHY, MALE OR FEMALE
52282	04/01/22	CYSTOURETHROSCOPY, W/CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOS
52283	04/01/22	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE
52290	04/01/22	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
52300	04/01/22	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL
52301	04/01/22	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL
52310	04/01/22	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE PROCEDURE); SIMPLE
52317	04/01/22	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)
52318	04/01/22	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)
52320	04/01/22	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS
52325	04/01/22	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR ELECTRO-HYDRAULIC TECHNIQUE)
52327	04/01/22	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL
52330	04/01/22	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS
52332	04/01/22	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)
52334	04/01/22	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY, RETROGRADE
52341	04/01/22	CYSTOURETHROSCOPY WITH TREATMENT OF URETERAL STRICTURE
52342	04/01/22	CYSTOURETHROSCOPY W/TX OF URETEROPELVIC JUNCTION STRICTURE
52344	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY W/TX OF URETER STRICTURE
52345	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY W/TX OF URETEROPELVIC JUNCTION STRICTURE
52346	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY W/TX OF INTRA-RENAL STRICTURE
52351	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY DIAGNOSTIC
52352	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY &/OR PYELOSCOPY W/RMVL/ MANIPULATION CALCULUS
52353	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY DIAGNOSTIC W/LITHOTRIPSY
52354	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY W/BIOPSY - FULGURATION LESION
52355	04/01/22	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY WITH RESECTION OF TUMOR
52356	04/01/22	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
52400	04/01/22	CYSTOURETHROSCOPY WITH INCISION, FULGRATION OR RESECTION CONGENITAL URETHRAL VALVES
52402	04/01/22	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS
52450	04/01/22	TRANSURETHRAL INCISION OF PROSTATE
52500	04/01/22	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)
52601	04/01/22	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
52630	04/01/22	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE
52640	04/01/22	TRANSURETHRAL RESECTION: OF POSTOPERATIVE BLADDER NECK CONTRACTURE
52647	04/01/22	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
52648	04/01/22	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URE
52649	04/01/22	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, INTERNAL URETHROTOMY AND TRANSURETHRAL RESE
52700	04/01/22	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS
53000	04/01/22	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA
53230	04/01/22	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE
53235	04/01/22	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE
53260	04/01/22	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA
53275	04/01/22	EXCISION OR FULGURATION; URETHRAL PROLAPSE
53400	04/01/22	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)
53410	04/01/22	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA
53420	04/01/22	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE
53425	04/01/22	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
53430	04/01/22	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA
53431	04/01/22	URETHROSCOPY W/TULARIZATION OF POST URETHA AND/OR LOWER BLADDER FOR INCONT
53440	04/01/22	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS
53442	04/01/22	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE
53444	04/01/22	INSERTION OF TANDEM CUFF (DUAL CUFF)
53445	04/01/22	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP AND/OR RESERVOIR
53446	04/01/22	REMOVAL OF INFLATABLE URETHRA/BLADDER NECK SPHINCTER, INCLUDING PUMP RESERVOIR,CUFF
53447	04/01/22	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF
53450	04/01/22	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT
53460	04/01/22	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)
53502	04/01/22	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE
53520	04/01/22	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)
53605	04/01/22	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
53665	04/01/22	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA
54001	04/01/22	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN
54057	04/01/22	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LASER SURGERY
54110	04/01/22	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);
54120	04/01/22	AMPUTATION OF PENIS; PARTIAL
54161	04/01/22	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN
54163	04/01/22	REPAIR INCOMPLETE CIRCUMCISION
54205	04/01/22	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE
54300	04/01/22	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URETHRA
54304	04/01/22	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION OF PREPUCE AND/OR SKIN FLAPS

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
54308	04/01/22	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM
54312	04/01/22	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM
54316	04/01/22	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED FROM SITE OTHER THAN GENITALIA
54318	04/01/22	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)
54322	04/01/22	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI, V-FLAP)
54324	04/01/22	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG, FLIP-FLAP, PREPUCLAL FLAP)
54326	04/01/22	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND MOBILIZATION OF URETHRA
54328	04/01/22	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY WITH LOCAL SKIN FLAPS, SKIN GRAFT PATCH, AND/OR ISLAND FLAP
54344	04/01/22	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHROPLASTY WITH FLAP OR PATCH GRAFT
54348	04/01/22	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLASTY WITH FLAP, PATCH OR TUBED GRAFT (INCLUDES URINARY DIVERSION)
54352	04/01/22	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING RE-RELEASE OF CHORDEE AND RECONSTRUCTION OF URETHRA AND PENIS BY USE OF LOCAL SKIN AS GRAFTS AND ISLAND FLAPS
54360	04/01/22	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION
54400	04/01/22	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)
54401	04/01/22	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)
54405	04/01/22	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS; INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RESERVOIR
54410	04/01/22	REMOVAL AND REPLACEMENT OF MULTI-COMP INFLATABLE PENILE PROSTHESIS AT SAME OPERATIVE SESSION
54505	04/01/22	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)
54512	04/01/22	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
54520	04/01/22	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH
54522	04/01/22	ORCHIECTOMY, PARTIAL
54530	04/01/22	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH
54600	04/01/22	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS
54620	04/01/22	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)
54640	04/01/22	ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR
54660	04/01/22	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)
54690	04/01/22	LAPAROSCOPY, SURGICAL; ORCHIECTOMY
54692	04/01/22	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS
54830	04/01/22	EXCISION OF LOCAL LESION OF EPIDIDYMIS
54840	04/01/22	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY
54860	04/01/22	EPIDIDYMECTOMY; UNILATERAL
54861	04/01/22	EPIDIDYMECTOMY; BILATERAL
55040	04/01/22	EXCISION OF HYDROCELE; UNILATERAL
55041	04/01/22	EXCISION OF HYDROCELE; BILATERAL
55060	04/01/22	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)
55110	04/01/22	SCROTAL EXPLORATION
55175	04/01/22	SCROTOPLASTY; SIMPLE
55180	04/01/22	SCROTOPLASTY; COMPLICATED
55400	04/01/22	VASOVASOSTOMY, VASOVASORRHAPHY
55500	04/01/22	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)
55520	04/01/22	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)
55530	04/01/22	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)
55535	04/01/22	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH
55540	04/01/22	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR
55550	04/01/22	LAPAROSCOPY, SURGICAL, W/LIGATION OF SPERMATIC VEINS FOR VARICOCELE
55706	04/01/22	BX PROSTATE STRCTC SATURATION SAMPLING IMG GID
55720	04/01/22	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE
55860	04/01/22	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;
55873	04/01/22	CRYOSURGICAL ABLATION OF PROSTATE
55875	04/01/22	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY
56620	04/01/22	VULVECTOMY SIMPLE; PARTIAL

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
56625	04/01/22	VULVECTOMY SIMPLE; COMPLETE
56700	04/01/22	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING
57200	04/01/22	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)
57240	04/01/22	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE
57250	04/01/22	POSTERIOR COLPORRHAPHY, REPAIR OF RETROCELE WITH OR WITHOUT PERINEORRHAPHY
57260	04/01/22	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;
57265	04/01/22	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR OF URETHROCELE
57267	04/01/22	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE (ANTERIOR, POSTERIOR COMPARTMENT), VAGINAL APPROACH
57268	04/01/22	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)
57287	04/01/22	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE
57288	04/01/22	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)
57289	04/01/22	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY
57300	04/01/22	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH
57320	04/01/22	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH
57400	04/01/22	DILATION OF VAGINA UNDER ANESTHESIA
57426	04/01/22	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH
57520	04/01/22	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KNIFE OR LASER
57530	04/01/22	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)
57556	04/01/22	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE
57558	04/01/22	DILATION AND CURETTAGE OF CERVICAL STUMP
57700	04/01/22	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL
57720	04/01/22	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH
58345	03/15/23	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DI
58350	04/01/22	CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS
58542	04/01/22	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58545	04/01/22	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OF LESS AND/OR REMOVAL OF SURFACE MYOMAS
58546	04/01/22	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL WEIGHT GREATER THAN 250 GRAMS
58550	04/01/22	LAPAROSCOPY, SURGICAL;W/VAGINAL HYSTERECTOMY W/OR W/O REMOVAL OF TUBES OR OVARIES

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
58552	04/01/22	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58558	04/01/22	HYSTEROSCOPY, SURGICAL; W/SAMP OF ENDOMETRIUM AND/OR POLUPECTOMY, W/ OR W/O D&C
58559	04/01/22	HYSTEROSCOPY, SURGICAL; W/LYSIS OF INTRAUTERINE ADHESIONS (A
58559	03/15/23	HYSTEROSCOPY, SURGICAL; W/LYSIS OF INTRAUTERINE ADHESIONS (A
58560	04/01/22	HYSTEROSCOPY, SURGICAL; W/DIVISION OR RESECTION IF INTRAUTERINE SEPTUM
58561	04/01/22	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA
58563	04/01/22	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHO
58600	04/01/22	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL
58615	04/01/22	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH
58660	04/01/22	LAPAROSCOPY, SURGICAL; W/LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS)
58661	04/01/22	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRICTURES
58662	04/01/22	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCIS OF LESIONS OF THE OVARY/PELVIC VISCERA
58670	04/01/22	LAPAROSCOPY, SURGICAL; WITH FULGARATION OF OVIDUCTS (W/ OR W/OUT TRANSECTION)
58671	04/01/22	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE
58672	04/01/22	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY
58805	04/01/22	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH
59072	04/01/22	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE
59150	04/01/22	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY
59151	04/01/22	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY
59160	04/01/22	CURETTAGE, POSTPARTUM (SEPARATE PROCEDURE)
59320	04/01/22	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL
59412	04/01/22	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)
59812	04/01/22	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY
59820	04/01/22	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER
59870	04/01/22	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE
60200	04/01/22	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS
60210	04/01/22	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
60212	04/01/22	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY
60220	04/01/22	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY
60225	04/01/22	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY
60280	04/01/22	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS,
60512	04/01/22	AUTOTRANSPLANT PARATHYROID
61020	04/01/22	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT INJECTION
61026	04/01/22	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT
61055	04/01/22	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TREATMENT (EG, C1-C2)
61215	04/01/22	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER
61880	04/01/22	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES
61888	04/01/22	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
62230	04/01/22	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM
62269	04/01/22	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE
62270	04/01/22	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;
62273	04/01/22	INJECTION, LUMBAR EPIDURAL, OF BLOOD OR CLOT PATCH
62287	04/01/22	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISK, ANY METHOD, SINGLE OR MULTIPLE LEVELS, LUMBAR
62290	04/01/22	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR
62322	04/01/22	INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG,
62326	03/15/23	INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTI
62350	04/01/22	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER, FOR IMPLANTABLE RESERVOIR OR IMPLANTABLE INFUSION PUMP; WITHOUT LAMINECTOMY
62355	04/01/22	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER
62365	04/01/22	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION
63020	04/01/22	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK; ONE INTERSPACE, CERVICAL

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63030	04/01/22	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND/OR EXCISION OF HERNIATED INTERVERTEBRAL DISK; ONE INTERSPACE, LUMBAR
63047	04/01/22	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT(S), (EG, SPINAL OR LATERAL RECESS STENOSIS)), SINGLE VERTEBRAL SEGMENT; LUMBAR
63650	04/01/22	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL
63655	04/01/22	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL
63663	04/01/22	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED
63664	04/01/22	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING FLUOROSCOPY, WHEN PERFORMED
63685	04/01/22	INCISION AND SUBCUTANEOUS LACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
63688	04/01/22	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
64415	04/01/22	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS
64416	04/01/22	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT) INCLUDING DAILY MANAGEMENT FOR ANESTHETIC AGENT ADMINISTRATION
64417	04/01/22	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE
64446	04/01/22	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER, (INCLUDING CATHETER PLACEMENT) INCLUDING DAILY MANAGEMENT FOR ANESTHETIC AGENT ADMINISTRATION
64448	04/01/22	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER, (INCLUDING CATHETER PLACEMENT) INCLUDING DAILY MANAGEMENT FOR ANESTHETIC AGENT ADMINISTRATION
64461	03/15/23	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SIN
64462	03/15/23	PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SEC
64483	04/01/22	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL
64493	04/01/22	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL; SINGLE LEVEL
64510	04/01/22	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)
64517	04/01/22	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS
64520	04/01/22	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)

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64530	04/01/22	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING
64555	03/15/23	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PER
64569	04/01/22	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
64570	04/01/22	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
64585	04/01/22	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES
64590	04/01/22	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING
64595	04/01/22	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER
64600	04/01/22	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BRANCH
64630	03/15/23	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE
64702	04/01/22	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT
64704	04/01/22	NEUROPLASTY, NERVE OF HAND OR FOOT
64708	04/01/22	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED
64712	04/01/22	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE
64713	04/01/22	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS
64714	04/01/22	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS
64716	04/01/22	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)
64718	04/01/22	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW
64719	04/01/22	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST
64721	04/01/22	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL
64726	04/01/22	DECOMPRESSION; PLANTAR DIGITAL NERVE
64727	04/01/22	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY) (NEUROPLASTY INCLUDES EXTERNAL NEUROLYSIS)
64734	04/01/22	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE
64742	04/01/22	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE
64744	04/01/22	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE
64771	04/01/22	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL
64772	04/01/22	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL
64774	04/01/22	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE
64776	04/01/22	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT
64782	04/01/22	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE
64783	04/01/22	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)

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64784	04/01/22	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC
64787	04/01/22	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATE
64788	04/01/22	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE
64790	04/01/22	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE
64795	04/01/22	BIOPSY OF NERVE
64820	04/01/22	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT
64831	04/01/22	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE
64836	04/01/22	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR
64837	04/01/22	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT
64856	04/01/22	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION
64857	04/01/22	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION
64874	04/01/22	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)
64885	04/01/22	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH
64890	03/15/23	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND
64892	04/01/22	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH
64893	04/01/22	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH
64897	04/01/22	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH
64910	04/01/22	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE
65420	03/15/23	EXCISION OR TRANSPOSITION OF PTERYGIUM, WITHOUT GRAFT
65426	03/15/23	EXCISION OR TRANSPOSITION OF PTERYGIUM, WITH GRAFT
65730	03/15/23	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN AP
65756	03/15/23	KERATOPLASTY ENDOTHELIAL
65757	03/15/23	BACKBENCH PREPJ CORNEAL ENDOTHELIAL ALLOGRAFT
65780	03/15/23	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTA
65820	03/15/23	GONIOTOMY
65920	03/15/23	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE
66170	03/15/23	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTE
66172	03/15/23	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTE
66174	03/15/23	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETE
66180	03/15/23	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCK
66183	03/15/23	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHO

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Procedure Code	Effective Date	Description
66184	03/15/23	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RE
66185	03/15/23	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR
66710	03/15/23	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION
66711	03/15/23	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC,
66821	04/01/22	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (ONE OR MORE STAGES)
66825	03/15/23	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN I
66840	03/15/23	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE
66852	03/15/23	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY
66982	04/01/22	EXTRACAPSULAR CATARACT REMOVAL WITH INSERT IN INTRAOCULAR LENS, COMPLEX PROCEDURE
66985	03/15/23	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT)
66986	03/15/23	EXCHANGE OF INTRAOCULAR LENS
66988	03/15/23	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS
66989	03/15/23	COMPLEX EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INT
66991	03/15/23	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR
67010	04/01/22	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE O
67036	03/15/23	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;
67039	03/15/23	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDO
67040	04/01/22	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER
67041	04/01/22	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF
67042	04/01/22	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF
67107	04/01/22	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAME
67108	04/01/22	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, W
67113	04/01/22	REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITR
67120	03/15/23	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULA
67121	04/01/22	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULA
67255	03/15/23	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT
67311	03/15/23	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIEN
67312	03/15/23	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIEN
67314	03/15/23	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIEN
67316	03/15/23	STRABISMUS SURGERY, RECESSON OR RESECTION PROCEDURE (PATIEN
67318	03/15/23	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OP
67320	03/15/23	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE)
67412	04/01/22	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL A
67808	03/15/23	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUI
67875	04/01/22	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)

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Procedure Code	Effective Date	Description
67900	04/01/22	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL
67901	03/15/23	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SU
67903	03/15/23	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANC
67904	04/01/22	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANC
67904	03/15/23	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANC
67908	03/15/23	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-
67911	04/01/22	CORRECTION OF LID RETRACTION
67917	04/01/22	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZ
67924	04/01/22	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER
67950	04/01/22	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)
67961	03/15/23	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,
67966	04/01/22	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS,
68320	04/01/22	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REAR
68720	04/01/22	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASA
68815	04/01/22	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WI
68816	04/01/22	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WI
69205	04/01/22	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA
69320	04/01/22	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE
69421	04/01/22	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFL
69424	04/01/22	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN
69436	04/01/22	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA
69450	04/01/22	TYMPANOLYSIS, TRANSCANAL
69501	04/01/22	TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)
69502	04/01/22	MASTOIDECTOMY; COMPLETE
69511	04/01/22	MASTOIDECTOMY;RADIAL
69550	04/01/22	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL
69552	04/01/22	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID
69603	04/01/22	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY
69604	04/01/22	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY
69620	04/01/22	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)
69631	04/01/22	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69632	04/01/22	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION (EG, POSTFENESTRATION)

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Procedure Code	Effective Date	Description
69633	04/01/22	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION; WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTICULAR OSSICULAR REPLACEMENT PROSTHESIS,
69635	04/01/22	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69641	04/01/22	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69642	04/01/22	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION
69643	04/01/22	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69644	04/01/22	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH INTACT OR RECONSTRUCTED CANAL WALL, WITH OSSICULAR CHAIN RECONSTRUCTION
69645	04/01/22	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITHOUT OSSICULAR CHAIN RECONSTRUCTION
69646	04/01/22	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICAL OR COMPLETE, WITH OSSICULAR CHAIN RECONSTRUCTION
69660	04/01/22	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;
69661	04/01/22	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL; WITH FOOTPLATE DRILL OUT
69662	04/01/22	REVISION OF STAPEDECTOMY OR STAPEDOTOMY
69667	04/01/22	REPAIR ROUND WINDOW FISTULA
69676	04/01/22	TYMPANIC NEURECTOMY
69700	04/01/22	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)
69714	04/01/22	OSSEO IMPLANT TEMPORAL BONE W/ATTACH EXT SPEECH PROC; W/O MASTOIDECTOMY
69715	04/01/22	OSSEO IMPLANT TEMPORAL BONE W/ATTACH EXT SPEECH PROC; WITH MASTOIDECTOMY
69805	04/01/22	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT
69806	04/01/22	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT
69910	04/01/22	LABYRINTHECTOMY; WITH MASTOIDECTOMY
69930	04/01/22	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY
92920	04/01/22	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH

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Procedure Code	Effective Date	Description
92928	04/01/22	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH
93451	04/01/22	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED
93452	04/01/22	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDUREAL INJECTIONS) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED
93453	04/01/22	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION, WHEN PERFORMED
93454	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDUREAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION
93455	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S)
93456	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT HEART CATHETERIZATION
93457	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION WITH CATHETER PLACEMENT(S) IN BYPASS GRAFT(S)
93458	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)
93459	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURE INJECTION(S)
93460	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)
93461	04/01/22	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY ANGIOGRAPHY, IMAGING SUPERVISION AND INTERPRETATION; WITH RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S)
93985	04/01/22	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPE
0356T	04/01/22	INSERTION OF DRUG-ELUTING IMPLANT (INCLUDING PUNCTAL DILATIO
0449T	03/15/23	INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RE

**BCBSTX Outpatient Surgery Codes with Reimbursement Increase When
Performed at an Ambulatory Surgery Center**

Procedure Code	Effective Date	Description
0707T	03/15/23	INJECTION(S), BONE-SUBSTITUTE MATERIAL (EG, CALCIUM PHOSPHAT
C9600	04/01/22	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY ARTERY OR BRANCH
C9771	03/15/23	NASAL/SINUS ENDOSCOPY, CRYOABLATION NASAL TISSUE(S) AND/OR N
G0105	04/01/22	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK
G0121	04/01/22	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK
G0260	03/15/23	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANEST

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