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YYY Global Surgery Days

Code	Description	Postop Days	Preop Days
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	000	000
15999	Unlisted procedure, excision pressure ulcer	090	001
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	010	000
19499	Unlisted procedure, breast	090	001
20999	Unlisted procedure, musculoskeletal system, general	090	001
21089	Unlisted maxillofacial prosthetic procedure	090	001
21299	Unlisted craniofacial and maxillofacial procedure	090	001
21499	Unlisted musculoskeletal procedure, head	090	001
21899	Unlisted procedure, neck or thorax	090	001
22899	Unlisted procedure, spine	090	001
22999	Unlisted procedure, abdomen, musculoskeletal system	090	001
23929	Unlisted procedure, shoulder	090	001
24999	Unlisted procedure, humerus or elbow	090	001
25999	Unlisted procedure, forearm or wrist	090	001
26989	Unlisted procedure, hands or fingers	090	001
27299	Unlisted procedure, pelvis or hip joint	090	001
27599	Unlisted procedure, femur or knee	090	001
27899	Unlisted procedure, leg or ankle	090	001
28899	Unlisted procedure, foot or toes	090	001
29799	Unlisted procedure, casting or strapping	000	000
29999	Unlisted procedure, arthroscopy	090	001
30999	Unlisted procedure, nose	010	000
31299	Unlisted procedure, accessory sinuses	010	000
31599	Unlisted procedure, larynx	090	001
31899	Unlisted procedure, trachea, bronchi	090	001
32999	Unlisted procedure, lungs and pleura	090	001

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Code	Description	Postop Days	Preop Days
34847	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	090	001
34848	Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])	090	001
36299	Unlisted procedure, vascular injection	090	001
37501	Unlisted vascular endoscopy procedure	090	001
37799	Unlisted procedure, vascular surgery	090	001
38129	Unlisted laparoscopy procedure, spleen	090	001
38589	Unlisted laparoscopy procedure, lymphatic system	090	001
38999	Unlisted procedure, hemic or lymphatic system	090	001
39499	Unlisted procedure, mediastinum	090	001
39599	Unlisted procedure, diaphragm	090	001
40799	Unlisted procedure, lips	090	001
40899	Unlisted procedure, vestibule of mouth	090	001
41599	Unlisted procedure, tongue, floor of mouth	090	001
41899	Unlisted procedure, dentoalveolar structures	090	001
42299	Unlisted procedure, palate, uvula	090	001
42699	Unlisted procedure, salivary glands or ducts	090	001
42999	Unlisted procedure, pharynx, adenoids, or tonsils	090	001
43289	Unlisted laparoscopy procedure, esophagus	090	001
43499	Unlisted procedure, esophagus	090	001
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	090	001

Code	Description	Postop Days	Preop Days
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	090	001
43659	Unlisted laparoscopy procedure, stomach	090	001
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	090	001
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	090	001
43999	Unlisted procedure, stomach	090	001
44238	Unlisted laparoscopy procedure, intestine (except rectum)	090	001
44799	Unlisted procedure, small intestine	090	001
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	090	001
44979	Unlisted laparoscopy procedure, appendix	090	001
45399	Unlisted procedure, colon	000	000
45499	Unlisted laparoscopy procedure, rectum	090	001
45999	Unlisted procedure, rectum	090	001
46999	Unlisted procedure, anus	090	001
47379	Unlisted laparoscopic procedure, liver	090	001
47399	Unlisted procedure, liver	090	001
47579	Unlisted laparoscopy procedure, biliary tract	090	001
47999	Unlisted procedure, biliary tract	090	001
48999	Unlisted procedure, pancreas	090	001
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	090	001
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	090	001
49999	Unlisted procedure, abdomen, peritoneum and omentum	090	001
50549	Unlisted laparoscopy procedure, renal	090	001
50949	Unlisted laparoscopy procedure, ureter	090	001
51999	Unlisted laparoscopy procedure, bladder	090	001
53899	Unlisted procedure, urinary system	090	001
54699	Unlisted laparoscopy procedure, testis	090	001
55559	Unlisted laparoscopy procedure, spermatic cord	090	001
55899	Unlisted procedure, male genital system	090	001

Code	Description	Postop Days	Preop Days
58578	Unlisted laparoscopy procedure, uterus	090	001
58579	Unlisted hysteroscopy procedure, uterus	090	001
58679	Unlisted laparoscopy procedure, oviduct, ovary	090	001
58999	Unlisted procedure, female genital system (nonobstetrical)	090	001
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	000	000
59898	Unlisted laparoscopy procedure, maternity care and delivery	000	000
59899	Unlisted procedure, maternity care and delivery	000	000
60659	Unlisted laparoscopy procedure, endocrine system	090	001
60699	Unlisted procedure, endocrine system	090	001
64999	Unlisted procedure, nervous system	090	001
66999	Unlisted procedure, anterior segment of eye	090	001
67299	Unlisted procedure, posterior segment	090	001
67399	Unlisted procedure, extraocular muscle	090	001
67599	Unlisted procedure, orbit	090	001
67999	Unlisted procedure, eyelids	090	001
68399	Unlisted procedure, conjunctiva	090	001
68899	Unlisted procedure, lacrimal system	010	000
69300	Otoplasty, protruding ear, with or without size reduction	090	001
69399	Unlisted procedure, external ear	090	001
69799	Unlisted procedure, middle ear	090	001
69949	Unlisted procedure, inner ear	090	001
69979	Unlisted procedure, temporal bone, middle fossa approach	090	001
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	000	000
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	000	000
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional	000	000

Code	Description	Postop Days	Preop Days
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and	000	000
	disconnection)		
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	000	000
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	000	000
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	000	000
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	000	000
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	000	000
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	000	000
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	000	000
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	000	000
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space	000	000
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	010	000
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	010	000
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	010	000
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	010	000
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	090	001
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	000	999

Code	Description	Postop Days	Preop Days
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging	010	000
	guidance, when performed, posterior tibial nerve; subcutaneous Open insertion or replacement of integrated neurostimulation		
0817T	system for bladder dysfunction including electrode(s) (eg, array or leadless), and	010	000
	pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial		
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	010	000
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	010	000
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 mCi	000	999
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	000	000