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TRICARE
MANAGEMENT ACTIVITY

MB&RS

CHANGE 61
6010.55-M
MAY 24, 2007

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM)

The TRICARE Management Activity has authorized the following addition(s)/
revision(s) to the 6010.55-M, issued August 2002.

CHANGE TITLE: FISCAL YEAR (FY) 2007 REIMBURSEMENT UPDATES

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): FY 2007 Reimbursement updates to include:
(1) additions and deletions of codes to the approved ambulatory surgery procedures
in Chapter 9; and (2) adopts a wage index correction made by the Centers of
Medicare and Medicaid Services (CMS) to the FY 2007 Hospice Wage Index.

EFFECTIVE DATE: January 1, 2007.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

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Chief, Office of Medical Benefits
and Reimbursement Systems

ATTACHMENT(S): 80 PAGE(S)
DISTRIBUTION: 6010.55-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

CHANGE 61
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REMOVE PAGE(S)

INSERT PAGE(S)

CHAPTER 9

Section 1, pages 1 through 8

Addendum B, pages 1 through 71

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Addendum B, pages 1 through 70

CHAPTER 11

Addendum B (FY 2007), pages 5 and 6

Addendum B (FY 2007), pages 5 and 6

AMBULATORY SURGICAL CENTER (ASC) REIMBURSEMENT PRIOR TO IMPLEMENTATION OF OPPTS, AND THEREAFTER, FREESTANDING ASC REIMBURSEMENT

ISSUE DATE: August 26, 1985

AUTHORITY: 32 CFR 199.14(d)

I. APPLICABILITY

The policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the TRICARE Management Activity (TMA) and specifically included in the network provider agreement.

II. ISSUE

Reimbursement of surgical procedures performed in an Ambulatory Surgical Center (ASC) prior to implementation of Outpatient Prospective Payment System (OPPS), and thereafter, Freestanding ASCs.

III. BACKGROUND

A. Reimbursement System.

1. General. Ambulatory surgery procedures performed in ASCs will be reimbursed using prospectively determined rates. The rates will be: established on a cost-basis, divided into eleven payment groups representing ranges of costs, and adjusted for area labor costs based on Metropolitan Statistical Areas (MSAs). Effective upon implementation of OPPTS, ambulatory surgery procedures performed in a hospital outpatient department, hospital emergency room, or hospital-based ASC will be reimbursed under the hospital OPPTS. (Refer to Chapter 13, Section 1, for more detailed coverage guidelines.)

2. Applicability. This payment system applies to all ambulatory surgery procedures identified in the list in Chapter 9, Addendums A and B. (Creation and updating of Chapter 9, Addendums A and B is the responsibility of TMA, and the inclusion or omission of any given procedure in Chapter 9, Addendums A and B cannot be the basis for appealing any claim. Changes to Chapter 9, Addendums A and B will be provided to the contractors when changes are made.) The payment system is to be used for ambulatory surgery procedures performed prior to implementation of OPPTS, regardless of where the ambulatory surgery procedures are provided, that is, in a freestanding ASC, in a hospital outpatient department, or in a hospital emergency room. Effective upon implementation of OPPTS, the payment

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system is to be used for ambulatory surgery procedures provided in freestanding ASCs. The payment rates established under this system apply only to the facility charges for ambulatory surgery. The facility rate is a standard overhead amount that includes nursing and technician services; use of the facility; drugs including take-home drugs for less than \$40; biologicals; surgical dressings, splints, casts and equipment directly related to provision of the surgical procedure; materials for anesthesia; intraocular lenses (IOLs); and administrative, recordkeeping and housekeeping items and services. The rate does not include items such as physicians' fees (or fees of other professional providers authorized to render the services identified in Chapter 9, Addendums A and B and to bill independently for them); laboratory, X-rays or diagnostic procedures (other than those directly related to the performance of the surgical procedure); prosthetic devices (except IOLs); ambulance services; leg, arm, and back braces; artificial limbs; and durable medical equipment for use in the patient's home.

NOTE: A radiology and diagnostic procedure is considered directly related to the performance of the surgical procedure only if it is an inherent part of the surgical procedure, e.g., the CPT code for the surgical procedure includes the diagnostic or radiology procedure as part of the code description (i.e., CPT¹ procedure code 47560).

3. State Waiver. Ambulatory surgery services provided by freestanding ASCs in Maryland are not exempt from this system and are to be reimbursed using the procedures set forth in this section. (See Chapter 1, Section 24, paragraph III.E. for payment of professional services related to ambulatory surgery.)

4. Ambulatory Surgery Payment Rates.

a. TMA, or its data contractor, will calculate the payment rates and will provide them electronically to the claims processing contractors. The magnetic media will include the locally-adjusted payment rate for each payment group for each MSA and will identify, by procedure code, the procedures in each group and the effective date for each procedure. Additions or deletions to the list of procedures will be given to the contractors as they occur, but the electronic data will be provided only on an annual basis. The MSAs and corresponding wage indexes will be those used by Medicare for ASCs.

b. In addition to the payment rates, the contractors will be provided a zip code to MSA crosswalk, so that they can determine which payment rate to use for each ambulatory surgery provider. For this purpose the zip code of the facility (as opposed to its billing address) is to be used. This crosswalk may be updated periodically throughout the year and sent to the contractors.

c. In order to calculate payment rates, only those procedures with at least twenty-five claims nationwide during the database period will be used.

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d. The rates were initially calculated using the following steps.

(1) For each ambulatory surgery procedure, a median standardized cost was calculated on the basis of all ambulatory surgery charges nationally under TRICARE during the one-year database period. The steps in this calculation included:

(a) Standardizing for local labor costs by reference to the same wage index and labor/non-labor-related cost ratio as applies to the facility under Medicare;

(b) Applying the cost-to-charge ratio (CCR) using the Medicare CCR for freestanding ASCs for TRICARE ASCs.

(c) Calculating a median cost for each procedure; and

(d) Updating to the year for which the payment rates were in effect by the Consumer Price Index--Urban.

(2) Procedures were placed into one of ten groups by their median per procedure cost, starting with \$0 to \$299 for Group 1 and ending with \$1,000 to \$1,299 for Group 9 and \$1,300 and above for Group 10. Groups 2 through 8 were set on the basis of \$100 fixed intervals.

(3) The standard payment amount per group will be the volume weighted median per procedure cost for the procedures in that group.

(4) Procedures for which there was no or insufficient (less than 25 claims) data were assigned to groups by:

(a) Calculating a volume-weighted ratio of TRICARE payment rates to Medicare payment rates for those procedures with sufficient data;

(b) Applying the ratio to the Medicare payment rate for each procedure; and

(c) Assigning the procedure to the appropriate payment group.

e. The amount paid for any ambulatory surgery service under these procedures cannot exceed the amount that would be allowed if the services were provided on an inpatient basis. The allowable inpatient amount equals the applicable DRG relative weight multiplied by the national large urban adjusted standardized amount. This amount will be adjusted by the applicable hospital wage index.

f. As of November 1, 1998, an eleventh payment group is added to this payment system. This group will include extracorporeal shock wave lithotripsy.

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5. Payments.

a. General. The payment for a procedure will be the standard payment amount for the group which covers that procedure, adjusted for local labor costs by reference to the same labor/non-labor-related cost ratio and hospital wage index as used for ASCs by Medicare. This calculation will be done by TMA, or its data contractor. For participating claims, the ambulatory surgery payment rate will be reimbursed regardless of the actual charges made by the facility--that is, regardless of whether the actual charges are greater or smaller than the payment rate. For nonparticipating claims, reimbursement (TRICARE payment plus beneficiary cost-share plus any double coverage payments, if applicable) cannot exceed the lower of the billed charge or the group payment rate.

b. Procedures Which are Not in Chapter 9, Addendums A and B and Are Provided by an ASC. Only those procedures contained in Chapter 9, Addendums A and B are to be reimbursed under this reimbursement process. If a claim is received from an ASC for a procedure which is not in Chapter 9, Addendums A and B, the facility charges are to be reimbursed using the process in paragraph III.B.

c. Procedures Which Are Not in Chapter 9, Addendums A and B and Are Provided by a Hospital. If an ambulatory surgery procedure not contained in Chapter 9, Addendums A and B is provided by a hospital (either in an emergency room or in an outpatient department), the claim is to be reimbursed using the process in paragraph III.B.

d. Multiple and Terminated Procedures. The following rules are to be followed whenever there is a terminated surgical procedure or more than one procedure is included on an ambulatory surgery claim. The claim for professional services, regardless of what type of ambulatory surgery facility provided the services and regardless of what procedures were provided, is to be reimbursed according to the multiple surgery guidelines in Chapter 1, Section 16, paragraph III.A.1.a. through c. and Chapter 13, Section 3, paragraph III.A.5.b. and c. for services rendered after implementation of OPPTS. For the facility charges, the following rules apply:

(1) Discounting for Multiple Surgical Procedures.

(a) If all the procedures on the claim are included in Chapter 9, Addendums A and B, the claim is to be reimbursed at 100% of the group payment rate for the major procedure (the procedure which allows the greatest payment) and 50% of the group payment rate for each of the other procedures. This applies regardless of the groups to which the procedures are assigned--i.e., if all the procedures are assigned to the same group, payment is to be made for each procedure.

(b) If the claim includes procedures included in Chapter 9, Addendums A and B as well as procedures not included in Chapter 9, Addendums A and B, the following rule is to be followed.

Each service is to be reimbursed according to the method appropriate to it. That is, the allowable amount for procedures in Chapter 9, Addendums A

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and B is to be based on the appropriate group payment amount while the allowable amount for procedures not in Chapter 9, Addendums A and B is to be based on the process in paragraph III.B. Regardless of the method used for determining the reimbursement for each procedure, only one procedure (the procedure which allows the greatest payment) is to be reimbursed at 100%. All other procedures are to be reimbursed at 50%. If the contractor is unable to determine the charges for each procedure (i.e., a single billed charge is made for all procedures), the contractor is to develop the claim for the charges using the steps contained in the TRICARE Operations Manual (TOM). If development does not result in usable charge data, the contractor is to reimburse the major procedure (the procedure for which the greatest amount is allowed) if that can be determined (e.g., the major procedure is in Chapter 9, Addendums A and B or is identified on the claim) and deny the other procedures using EOB message "Requested information not received". If the major procedure cannot be determined, the entire claim is to be denied.

(2) Discounting for Bilateral Procedures.

(a) Following are the different categories/classifications of bilateral procedures:

- 1 Conditional bilateral (i.e., procedure is considered bilateral if the modifier 50 is present).
- 2 Inherent bilateral (i.e., procedure in and of itself is bilateral).
- 3 Independent bilateral (i.e., procedure is considered bilateral if the modifier 50 is present, but full payment should be made for each procedure (e.g., certain radiological procedures).

(b) Terminated bilateral procedures or terminated procedures with units greater than one should not occur. Line items with terminated bilateral procedures or terminated procedures with units greater than one are denied.

(c) Inherent bilateral procedures will be treated as a non-bilateral procedure since the bilateralism of the procedure is encompassed in the code.

(d) The above bilateral procedures will be discounted based on the application of discounting formulas appearing in Chapter 13, Section 3, paragraph III.A.5.c.(6) and (7).

(3) Modifiers for Discounting Terminated Surgical Procedures.

(a) Industry standard modifiers may be billed on outpatient hospital or individual professional claims to further define the procedure code or indicate that certain reimbursement situations may apply to the billing. Recognition and utilization of modifiers are essential for ensuring accurate processing and payment of these claim types.

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(b) Industry standard modifiers are used to identify surgical procedures which have been terminated prior to and after the delivery of anesthesia.

1 Modifiers 52 and 73 are used to identify a surgical procedure that is terminated prior to the delivery of anesthesia and is reimbursed at 50% of the allowable; i.e., the ASC tier rate, the Ambulatory Payment Classification (APC) allowable amount for OPPTS claims, or the CHAMPUS Maximum Allowable Charge (CMAC) for individual professional providers.

2 Modifiers 53 and 74 are used for terminated surgical procedures after delivery of anesthesia which are reimbursed at 100% of the appropriated allowable amounts referenced above.

(4) Unbundling of Procedures. Contractors should ensure that reimbursement for claims involving multiple procedures conforms to the unbundling guidelines contained in Chapter 1, Section 3.

(5) Incidental Procedures. The rules for reimbursing incidental procedures as contained in Chapter 1, Section 3, are to be applied to ambulatory surgery procedures reimbursed under the rules set forth in this section. That is, no reimbursement is to be made for incidental procedures performed in conjunction with other procedures which are not classified as incidental. This limitation applies to payments for facility claims as well as to professional services.

6. Updating Payment Rates.

a. The rates will be updated annually by TMA by the same update factor as is used in the Medicare annual updates for ASC payments. Periodically the rates will be recalculated using the steps in paragraph III.A.4.d.

b. The rates were updated by 3.2% effective November 1, 1995. This update included the wage indexes as updated by Medicare.

c. The rates were updated by 2.6% effective November 1, 1996. This update included the wage indexes as updated by Medicare.

d. The rates were updated by 0.6% effective November 1, 1997. This update included the wage indexes as updated by Medicare.

e. There was no update to the rates effective November 1, 1998. However, the wage indexes were updated in accordance with Medicare.

f. The rates were updated by 0.8% effective November 1, 1999. This update included the wage indexes as updated by Medicare.

g. The rates were updated by 1.0% effective November 1, 2000. This update included the wage indexes as updated by Medicare.

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h. The rates were updated by 0.9% effective November 1, 2001. This update included the wage indexes as updated by Medicare.

i. The rates were updated by 3.0% effective November 1, 2002. This update included the wage indexes as updated by Medicare.

j. The group payment rates that are effective November 1, 2003, have been recalculated using the steps in paragraph III.A.4.d. However, we used 100 claims rather than 25 claims to calculate a rate for individual procedures, because it produced more statistically valid results while still resulting in calculated rates for about 83% of TRICARE ambulatory surgery services. In addition, the rates were updated by the Medicare update factor of 2.0% and included the wage indexes as updated by Medicare.

k. The rates were reduced by 2.0% effective April 1, 2004.

B. Reimbursement for procedures not in Chapter 9, Addendums A and B. Prior to January 28, 2000, these procedures were to be denied if performed in an ASC and reimbursed in accordance with Chapter 1, Section 25 if performed in a hospital. Effective January 28, 2000, ambulatory surgery procedures that are not in Chapter 9, Addendums A and B, and are performed in either a freestanding ASC or hospital may be cost-shared, but only if doing so results in no additional costs to the program.

C. Claims for Ambulatory Surgery.

1. Claims for facility charges must be submitted on a UB-92. Claims for professional charges may be submitted on either a UB-92 or a CMS 1500 claim form. The preferred form is the CMS 1500. When professional services are billed on a UB-92, the information on the UB-92 should indicate that these services are professional in nature and be identified by the appropriate CPT-4 code and revenue code.

2. Claim Data.

a. Billing Data. The claim must identify all procedures which were performed (by CPT-4 or HCPCS code) and indicate if the bill is for facility charges or professional charges. (If the claim is submitted on a UB-92, the procedure code will be shown in Form Locator (FL) 44.)

b. TRICARE Encounter Data (TED). All ambulatory surgery services are to be reported on the TED using the appropriate CPT-4 code. The only exception is services which are billed using a HCPCS code and for which no CPT-4 code exists.

D. Wage Index Changes. If, during the year, Medicare revises any of the wage indexes used for ambulatory surgery reimbursement, such changes will not be incorporated into the TRICARE payment rates until the next routine update. These changes will not be incorporated regardless of the reason Medicare revised the wage index.

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E. Subsequent Hospital Admissions. If a beneficiary is admitted to a hospital subject to the DRG-based payment system as a result of complications, etc. of ambulatory surgery, the ambulatory surgery procedures are to be billed and reimbursed separately from the hospital inpatient services. The same rules applicable to emergency room services are to be followed.

- END -

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES ON OR AFTER 11/01/2003

The following CPT codes, TRICARE payment groups, and short descriptions are valid for claims on or after November 1, 2003. See Chapter 9, Addendum A for claims occurring on or before October 31, 2003.

INTEGUMENTARY SYSTEM

CPT CODE	TRICARE	
	PAYMENT GROUP	SHORT DESCRIPTION*
SKIN, SUBCUTANEOUS AND AREOLAR TISSUES		
CPT SUBSECTION: INCISION		
10121	4	REMOVE FOREIGN BODY
10180	4	COMPLEX DRAINAGE, WOUND
CPT SUBSECTION: EXCISION DEBRIDEMENT		
11010	4	DEBRIDE SKIN, FX
11011	4	DEBRIDE SKIN/MUSCLE, FX
11012	4	DEBRIDE SKIN/MUSCLE/BONE, FX
11042	1	DEBRIDE SKIN/TISSUE
11043	4	DEBRIDE TISSUE/MUSCLE
11044	4	DEBRIDE TISSUE/MUSCLE/BONE
CPT SUBSECTION: EXCISION-BENIGN LESIONS		
11404	4	EXC TR-EXT B9+MARG 3.1-4 CM
11406	6	EXC TR-EXT B9+MARG > 4.0 CM
11424	4	EXC H-F-NK-SP B9+MARG 3.1-4
11426	4	EXC H-F-NK-SP B9+MARG > 4 CM
11444	2	EXC FACE-MM B9+MARG 3.1-4 CM
11446	4	EXC FACE-MM B9+MARG > 4 CM
11450	4	REMOVAL, SWEAT GLAND LESION
11451	4	REMOVAL, SWEAT GLAND LESION
11462	4	REMOVAL, SWEAT GLAND LESION
11463	4	REMOVAL, SWEAT GLAND LESION
11470	4	REMOVAL, SWEAT GLAND LESION
11471	4	REMOVAL, SWEAT GLAND LESION
CPT SUBSECTION: EXCISION-MALIGNANT LESIONS		
11604	4	EXC TR-EXT MLG+MARG 3.1-4 CM
11606	4	EXC TR-EXT MLG+MARG > 4 CM
11624	4	EXC H-F-NK-SP MLG+MARG 3.1-4
11626	4	EXC H-F-NK-SP MLG+MAR > 4 CM
11644	4	EXC FACE-MM MALIG+MARG 3.1-4
11646	4	EXC FACE-MM MLG+MARG > 4 CM

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE	
	PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: MISCELLANEOUS		
11770	6	REMOVAL OF PILONIDAL LESION
11771	6	REMOVAL OF PILONIDAL LESION
11772	6	REMOVAL OF PILONIDAL LESION
CPT SUBSECTION: INTRODUCTION		
11960	4	INSERT TISSUE EXPANDER(S)
11970	5	REPLACE TISSUE EXPANDER
11971	2	REMOVE TISSUE EXPANDER(S)
CPT SUBSECTION: REPAIR-SIMPLE		
12005	4	REPAIR SUPERFICIAL WOUND(S)
12006	4	REPAIR SUPERFICIAL WOUND(S)
12007	4	REPAIR SUPERFICIAL WOUND(S)
12016	4	REPAIR SUPERFICIAL WOUND(S)
12017	4	REPAIR SUPERFICIAL WOUND(S)
12018	4	REPAIR SUPERFICIAL WOUND(S)
12020	2	CLOSURE OF SPLIT WOUND
12021	2	CLOSURE OF SPLIT WOUND
CPT SUBSECTION: REPAIR-INTERMEDIATE		
12034	4	LAYER CLOSURE OF WOUND(S)
12035	4	LAYER CLOSURE OF WOUND(S)
12036	4	LAYER CLOSURE OF WOUND(S)
12037	4	LAYER CLOSURE OF WOUND(S)
12044	4	LAYER CLOSURE OF WOUND(S)
12045	4	LAYER CLOSURE OF WOUND(S)
12046	4	LAYER CLOSURE OF WOUND(S)
12047	4	LAYER CLOSURE OF WOUND(S)
12054	4	LAYER CLOSURE OF WOUND(S)
12055	4	LAYER CLOSURE OF WOUND(S)
12056	4	LAYER CLOSURE OF WOUND(S)
12057	4	LAYER CLOSURE OF WOUND(S)
CPT SUBSECTION: REPAIR-COMPLEX		
13100	4	REPAIR OF WOUND OR LESION
13101	5	REPAIR OF WOUND OR LESION
13102 ⁷	2	REPAIR WOUND/LESION ADD-ON
13120	4	REPAIR OF WOUND OR LESION
13121	5	REPAIR OF WOUND OR LESION
13122 ⁷	2	REPAIR WOUND/LESION ADD-ON
13131	4	REPAIR OF WOUND OR LESION
13132	5	REPAIR OF WOUND OR LESION
13133 ⁷	2	REPAIR WOUND/LESION ADD-ON
13150	5	REPAIR OF WOUND OR LESION
13151	5	REPAIR OF WOUND OR LESION
13152	5	REPAIR OF WOUND OR LESION
13153 ⁷	5	REPAIR WOUND/LESION ADD-ON
13160	4	LATE CLOSURE OF WOUND

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: ADJACENT TISSUE TRANSFER OR REARRANGEMENT		
14000	4	SKIN TISSUE REARRANGEMENT
14001	5	SKIN TISSUE REARRANGEMENT
14020	5	SKIN TISSUE REARRANGEMENT
14021	5	SKIN TISSUE REARRANGEMENT
14040	6	SKIN TISSUE REARRANGEMENT
14041	5	SKIN TISSUE REARRANGEMENT
14060	6	SKIN TISSUE REARRANGEMENT
14061	5	SKIN TISSUE REARRANGEMENT
14300	6	SKIN TISSUE REARRANGEMENT
14350	5	SKIN TISSUE REARRANGEMENT
CPT SUBSECTION: FREE SKIN GRAFTS		
15000 ⁸	4	SKIN GRAFT
15001 ^{3, 8}	2	SKIN GRAFT ADD-ON
15002 ⁷	4	WND PREP, CH/INF, TRK/ARM/LG
15003 ⁷	2	WND PREP, CH/INF ADDL 100 CM
15004 ⁷	4	WND PREP CH/INF, F/N/HF/G
15005 ⁷	2	WND PREP, F/N/HF/G, ADDL CM
15040 ⁵	4	HARVEST CULTURED SKIN GRAFT
15050	4	SKIN PINCH GRAFT
15100	4	SKIN SPLIT GRAFT
15101	5	SKIN SPLIT GRAFT ADD-ON
15110 ⁵	4	EPIDRM AUTOGRFT TRNK/ARM/LEG
15111 ⁵	2	EPIDRM AUTOGRFT T/A/L ADD-ON
15115 ⁵	4	EPIDRM A-GRFT FACE/NCK/HF/G
15116 ⁵	2	EPIDRM A-GRFT F/N/HF/G ADDL
15120	4	SKIN SPLIT GRAFT
15121	5	SKIN SPLIT GRAFT ADD-ON
15130 ⁵	4	DERM AUTOGRAFT, TRNK/ARM/LEG
15131 ⁵	2	DERM AUTOGRAFT T/A/L ADD-ON
15135 ⁵	4	DERM AUTOGRAFT FACE/NCK/HF/G
15136 ⁵	2	DERM AUTOGRAFT, F/N/HF/G ADD
15150 ⁵	4	CULT EPIDERM GRFT T/ARM/LEG
15151 ⁵	2	CULT EPIDERM GRFT T/A/L ADDL
15152 ⁵	2	CULT EPIDERM GRAFT T/A/L +%
15155 ⁵	4	CULT EPIDERM GRAFT, F/N/HF/G
15156 ⁵	2	CULT EPIDRM GRFT F/N/HFG ADD
15157 ⁵	2	CULT EPIDERM GRFT F/N/HFG +%
15200	5	SKIN FULL GRAFT
15201	4	SKIN FULL GRAFT ADD-ON
15220	4	SKIN FULL GRAFT
15221	4	SKIN FULL GRAFT ADD-ON
15240	5	SKIN FULL GRAFT
15241	5	SKIN FULL GRAFT ADD-ON
15260	4	SKIN FULL GRAFT
15261	4	SKIN FULL GRAFT ADD-ON

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE	
	PAYMENT GROUP	SHORT DESCRIPTION*
15300 ⁵	4	APPLY SKINALLOGRFT, T/ARM/LG
15301 ⁵	2	APPLY SKNALLOGRFT T/A/L ADDL
15320 ⁵	4	APPLY SKIN ALLOGRFT F/N/HF/G
15321 ⁵	2	APLY SKNALLOGRFT F/N/HFG ADD
15330 ⁵	2	APLY ACELL ALOGRFT T/ARM/LEG
15331 ⁵	2	APLY ACELL GRFT T/A/L ADD-ON
15335 ⁵	4	APPLY ACELL GRAFT, F/N/HF/G
15336 ⁵	2	APLY ACELL GRFT F/N/HF/G ADD
15350 ⁶	4	SKIN HOMOGRAFT
15351 ⁶	4	SKIN HOMOGRAFT ADD-ON
15570	5	FORM SKIN PEDICLE FLAP
15572	5	FORM SKIN PEDICLE FLAP
15574	5	FORM SKIN PEDICLE FLAP
15576	5	FORM SKIN PEDICLE FLAP
15600	5	SKIN GRAFT
15610	5	SKIN GRAFT
15620	6	SKIN GRAFT
CPT SUBSECTION: PEDICLE FLAPS (SKIN AND DEEP TISSUES)		
15630	5	SKIN GRAFT
15650	7	TRANSFER SKIN PEDICLE FLAP
CPT SUBSECTION: FLAPS (SKIN AND/OR DEEP TISSUES)		
15731 ⁷	5	FOREHEAD FLAP W/VASC PEDICLE
15732	5	MUSCLE-SKIN GRAFT, HEAD/NECK
15734	5	MUSCLE-SKIN GRAFT, TRUNK
15736	5	MUSCLE-SKIN GRAFT, ARM
15738	5	MUSCLE-SKIN GRAFT, LEG
CPT SUBSECTION: OTHER GRAFTS		
15740	4	ISLAND PEDICLE FLAP GRAFT
15750	4	NEUROVASCULAR PEDICLE GRAFT
15760	4	COMPOSITE SKIN GRAFT
15770	5	DERMA-FAT-FASCIA GRAFT
CPT SUBSECTION: MISCELLANEOUS PROCEDURES		
15820	5	REVISION OF LOWER EYELID
15821	5	REVISION OF LOWER EYELID
15822	5	REVISION OF UPPER EYELID
15823	7	REVISION OF UPPER EYELID
15825	5	REMOVAL OF NECK WRINKLES
15826	5	REMOVAL OF BROW WRINKLES
15828	5	REMOVAL OF FACE WRINKLES
15829	7	REMOVAL OF SKIN WRINKLES
15830 ⁷	5	EXC SKIN ABD
15831 ⁸	5	EXCISE EXCESSIVE SKIN TISSUE
15832	5	EXCISE EXCESSIVE SKIN TISSUE
15833	5	EXCISE EXCESSIVE SKIN TISSUE
15834	5	EXCISE EXCESSIVE SKIN TISSUE

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
15835	5	EXCISE EXCESSIVE SKIN TISSUE
15836 ³	5	EXCISE EXCESSIVE SKIN TISSUE
15839 ³	5	EXCISE EXCESSIVE SKIN TISSUE
15840	6	GRAFT FOR FACE NERVE PALSY
15841	6	GRAFT FOR FACE NERVE PALSY
15845	6	SKIN AND MUSCLE REPAIR, FACE
15847 ⁷	5	EXC SKIN ABD ADD-ON
15876	5	SUCTION ASSISTED LIPECTOMY
15877	5	SUCTION ASSISTED LIPECTOMY
15878	5	SUCTION ASSISTED LIPECTOMY
15879	5	SUCTION ASSISTED LIPECTOMY
CPT SUBSECTION: PRESSURE ULCERS (DECUBITUS ULCERS)		
15920	5	REMOVAL OF TAIL BONE ULCER
15922	6	REMOVAL OF TAIL BONE ULCER
15931	5	REMOVE SACRUM PRESSURE SORE
15933	5	REMOVE SACRUM PRESSURE SORE
15934	5	REMOVE SACRUM PRESSURE SORE
15935	6	REMOVE SACRUM PRESSURE SORE
15936	6	REMOVE SACRUM PRESSURE SORE
15937	6	REMOVE SACRUM PRESSURE SORE
15940	5	REMOVE HIP PRESSURE SORE
15941	5	REMOVE HIP PRESSURE SORE
15944	5	REMOVE HIP PRESSURE SORE
15945	6	REMOVE HIP PRESSURE SORE
15946	6	REMOVE HIP PRESSURE SORE
15950	5	REMOVE THIGH PRESSURE SORE
15951	6	REMOVE THIGH PRESSURE SORE
15952	5	REMOVE THIGH PRESSURE SORE
15953	6	REMOVE THIGH PRESSURE SORE
15956	5	REMOVE THIGH PRESSURE SORE
15958	6	REMOVE THIGH PRESSURE SORE
CPT SUBSECTION: BURNS, LOCAL TREATMENT		
16015 ⁶	4	TREATMENT OF BURN(S)
16025 ⁵	4	DRESS/DEBRID P-THICK BURN, M
16030 ⁵	4	DRESS/DEBRID P-THICK BURN, L
BREAST		
CPT SUBSECTION: INCISION		
19020	4	INCISION OF BREAST LESION
CPT SUBSECTION: EXCISION		
19100	1	BX BREAST PERCUT W/O IMAGE
19101	5	BIOPSY OF BREAST, OPEN
19102	1	BX BREAST PERCUT W/IMAGE
19103	3	BX BREAST PERCUT W/DEVICE
19110	4	NIPPLE EXPLORATION
19112	5	EXCISE BREAST DUCT FISTULA

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INTEGUMENTARY SYSTEM (CONTINUED)

CPT CODE	TRICARE	
	PAYMENT GROUP	SHORT DESCRIPTION*
19120	7	REMOVAL OF BREAST LESION
19125	6	EXCISION, BREAST LESION
19126	5	EXCISION, ADDL BREAST LESION
19140 ⁸	6	REMOVAL OF BREAST TISSUE
19160 ⁸	5	REMOVAL OF BREAST TISSUE
19162 ⁸	9	REMOVE BREAST TISSUE, NODES
19180 ⁸	6	REMOVAL OF BREAST
19182 ⁸	6	REMOVAL OF BREAST
CPT SUBSECTION: INTRODUCTION		
19290	2	PLACE NEEDLE WIRE, BREAST
19291	3	PLACE NEEDLE WIRE, BREAST
19295 ⁷	2	PLACE BREAST CLIP, PERCUT
19296 ³	10	PLACE PO BREAST CATH FOR RAD
19297 ⁷	10	PLACE BREAST CATH FOR RAD
19298 ³	10	PLACE BREAST RAD TUBE/CATHS
CPT SUBSECTION: REPAIR AND RECONSTRUCTION		
19300 ⁷	6	REMOVAL OF BREAST TISSUE
19301 ⁷	5	PARTIAL MASTECTOMY
19302 ⁷	9	P-MASTECTOMY W/LN REMOVAL
19303 ⁷	6	MAST, SIMPLE, COMPLETE
19304 ⁷	6	MAST, SUBQ
19316	6	SUSPENSION OF BREAST
19318	10	REDUCTION OF LARGE BREAST
19324	6	ENLARGE BREAST
19325	10	ENLARGE BREAST WITH IMPLANT
19328	2	REMOVAL OF BREAST IMPLANT
19330	2	REMOVAL OF IMPLANT MATERIAL
19340	4	IMMEDIATE BREAST PROSTHESIS
19342	5	DELAYED BREAST PROSTHESIS
19350	6	BREAST RECONSTRUCTION
19355	6	CORRECT INVERTED NIPPLE(S)
19357	7	BREAST RECONSTRUCTION
19366	7	BREAST RECONSTRUCTION
19370	6	SURGERY OF BREAST CAPSULE
19371	6	REMOVAL OF BREAST CAPSULE
19380	7	REVISE BREAST RECONSTRUCTION

MUSCULOSKELETAL SYSTEM

CPT CODE	TRICARE	
	PAYMENT GROUP	SHORT DESCRIPTION*
GENERAL		
CPT SUBSECTION: INCISION		
20005	4	INCISION OF DEEP ABSCESS

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: EXCISION		
20200	4	MUSCLE BIOPSY
20205	5	DEEP MUSCLE BIOPSY
20206	2	NEEDLE BIOPSY, MUSCLE
20220	2	BONE BIOPSY, TROCAR/NEEDLE
20225	4	BONE BIOPSY, TROCAR/NEEDLE
20240	4	BONE BIOPSY, EXCISIONAL
20245	5	BONE BIOPSY, EXCISIONAL
20250	5	OPEN BONE BIOPSY
20251	5	OPEN BONE BIOPSY
CPT SUBSECTION: INTRODUCTION OR REMOVAL		
20525	5	REMOVAL OF FOREIGN BODY
20650	5	INSERT AND REMOVE BONE PIN
20670	6	REMOVAL OF SUPPORT IMPLANT
20680	7	REMOVAL OF SUPPORT IMPLANT
20690	4	APPLY BONE FIXATION DEVICE
20692	5	APPLY BONE FIXATION DEVICE
20693	5	ADJUST BONE FIXATION DEVICE
20694	6	REMOVE BONE FIXATION DEVICE
CPT SUBSECTION: GRAFTS (OR IMPLANTS)		
20900	5	REMOVAL OF BONE FOR GRAFT
20902	6	REMOVAL OF BONE FOR GRAFT
20910	5	REMOVE CARTILAGE FOR GRAFT
20912	5	REMOVE CARTILAGE FOR GRAFT
20920	6	REMOVAL OF FASCIA FOR GRAFT
20922	5	REMOVAL OF FASCIA FOR GRAFT
20924	6	REMOVAL OF TENDON FOR GRAFT
20926	6	REMOVAL OF TISSUE FOR GRAFT
CPT SUBSECTION: MISCELLANEOUS		
20975	4	ELECTRICAL BONE STIMULATION
HEAD		
CPT SUBSECTION: INCISION		
21010	4	INCISION OF JAW JOINT
CPT SUBSECTION: EXCISION		
21015	5	RESECTION OF FACIAL TUMOR
21025	4	EXCISION OF BONE, LOWER JAW
21026	4	EXCISION OF FACIAL BONE(S)
21029	4	CONTOUR OF FACE BONE LESION
21034	5	EXCISE MAX/ZYGOMA MLG TUMOR
21040	4	EXCISE MANDIBLE LESION
21044	4	REMOVAL OF JAW BONE LESION
21046	4	REMOVE MANDIBLE CYST COMPLEX
21047	4	EXCISE LWR JAW CYST W/REPAIR
21050	5	REMOVAL OF JAW JOINT
21060	4	REMOVE JAW JOINT CARTILAGE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
21070	5	REMOVE CORONOID PROCESS
CPT SUBSECTION: INTRODUCTION OR REMOVAL		
21100	4	MAXILLOFACIAL FIXATION
CPT SUBSECTION: REPAIR, REVISION, OR RECONSTRUCTION		
21120 ³	9	RECONSTRUCTION OF CHIN
21121	9	RECONSTRUCTION OF CHIN
21122	9	RECONSTRUCTION OF CHIN
21123	9	RECONSTRUCTION OF CHIN
21125 ³	9	AUGMENTATION, LOWER JAW BONE
21127	10	AUGMENTATION, LOWER JAW BONE
21181	9	CONTOUR CRANIAL BONE LESION
21206	7	RECONSTRUCT UPPER JAW BONE
21208	9	AUGMENTATION OF FACIAL BONES
21209	7	REDUCTION OF FACIAL BONES
21210	9	FACE BONE GRAFT
21215	9	LOWER JAW BONE GRAFT
21230	9	RIB CARTILAGE GRAFT
21235	9	EAR CARTILAGE GRAFT
21240	6	RECONSTRUCTION OF JAW JOINT
21242	7	RECONSTRUCTION OF JAW JOINT
21243	7	RECONSTRUCTION OF JAW JOINT
21244	9	RECONSTRUCTION OF LOWER JAW
21245	9	RECONSTRUCTION OF JAW
21246	9	RECONSTRUCTION OF JAW
21248	9	RECONSTRUCTION OF JAW
21249	9	RECONSTRUCTION OF JAW
21267	9	REVISE EYE SOCKETS
21270	7	AUGMENTATION, CHEEK BONE
21275	9	REVISION, ORBITOFACIAL BONES
21280	7	REVISION OF EYELID
21282	7	REVISION OF EYELID
21295	2	REVISION OF JAW MUSCLE/BONE
21296	2	REVISION OF JAW MUSCLE/BONE
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
21300 ⁸	4	TREATMENT OF SKULL FRACTURE
21310	4	TREATMENT OF NOSE FRACTURE
21315	4	TREATMENT OF NOSE FRACTURE
21320	4	TREATMENT OF NOSE FRACTURE
21325	6	TREATMENT OF NOSE FRACTURE
21330	7	TREATMENT OF NOSE FRACTURE
21335	9	TREATMENT OF NOSE FRACTURE
21336	6	TREAT NASAL SEPTAL FRACTURE
21337	4	TREAT NASAL SEPTAL FRACTURE
21338	6	TREAT NASOETHMOID FRACTURE
21339	7	TREAT NASOETHMOID FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
21340	6	TREATMENT OF NOSE FRACTURE
21345	9	TREAT NOSE/JAW FRACTURE
21355	5	TREAT CHEEK BONE FRACTURE
21356 ⁷	5	TREAT CHEEK BONE FRACTURE
21400	4	TREAT EYE SOCKET FRACTURE
21401	5	TREAT EYE SOCKET FRACTURE
21421	6	TREAT MOUTH ROOF FRACTURE
21440 ⁴	5	TREAT DENTAL RIDGE FRACTURE
21445	6	TREAT DENTAL RIDGE FRACTURE
21450	5	TREAT LOWER JAW FRACTURE
21451	6	TREAT LOWER JAW FRACTURE
21452	4	TREAT LOWER JAW FRACTURE
21453	5	TREAT LOWER JAW FRACTURE
21454	7	TREAT LOWER JAW FRACTURE
21461	6	TREAT LOWER JAW FRACTURE
21462	7	TREAT LOWER JAW FRACTURE
21465	6	TREAT LOWER JAW FRACTURE
21480	2	RESET DISLOCATED JAW
21485	4	RESET DISLOCATED JAW
21490	5	REPAIR DISLOCATED JAW
21493 ⁶	5	TREAT HYOID BONE FRACTURE
21494 ⁶	6	TREAT HYOID BONE FRACTURE
21497	4	INTERDENTAL WIRING
NECK (SOFT TISSUES) AND THORAX		
CPT SUBSECTION: INCISION		
21501	4	DRAIN NECK/CHEST LESION
21502	4	DRAIN CHEST LESION
CPT SUBSECTION: EXCISION		
21555	4	REMOVE LESION, NECK/CHEST
21556	4	REMOVE LESION, NECK/CHEST
21600	4	PARTIAL REMOVAL OF RIB
21610	4	PARTIAL REMOVAL OF RIB
CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION		
21700	4	REVISION OF NECK MUSCLE
21720	5	REVISION OF NECK MUSCLE
21725	5	REVISION OF NECK MUSCLE
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
21800	2	TREATMENT OF RIB FRACTURE
21805	4	TREATMENT OF RIB FRACTURE
21820	2	TREAT STERNUM FRACTURE
BACK AND FLANK		
CPT SUBSECTION: EXCISION		
21925	4	BIOPSY SOFT TISSUE OF BACK
21930	6	REMOVE LESION, BACK OR FLANK
21935	5	REMOVE TUMOR, BACK

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
SPINE (VERTEBRAL COLUMN)		
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
22305	2	TREAT SPINE PROCESS FRACTURE
22310	2	TREAT SPINE FRACTURE
22315	4	TREAT SPINE FRACTURE
CPT SUBSECTION: MANIPULATION		
22505	4	MANIPULATION OF SPINE
ABDOMEN		
CPT SUBSECTION: EXCISION		
22900	6	REMOVE ABDOMINAL WALL LESION
SHOULDER		
CPT SUBSECTION: INCISION		
23000	4	REMOVAL OF CALCIUM DEPOSITS
23020	4	RELEASE SHOULDER JOINT
23030	2	DRAIN SHOULDER LESION
23031	5	DRAIN SHOULDER BURSA
23035	5	DRAIN SHOULDER BONE LESION
23040	5	EXPLORATORY SHOULDER SURGERY
23044	6	EXPLORATORY SHOULDER SURGERY
CPT SUBSECTION: EXCISION		
23066	4	BIOPSY SHOULDER TISSUES
23075	4	REMOVAL OF SHOULDER LESION
23076	4	REMOVAL OF SHOULDER LESION
23077	5	REMOVE TUMOR OF SHOULDER
23100	4	BIOPSY OF SHOULDER JOINT
23101	9	SHOULDER JOINT SURGERY
23105	6	REMOVE SHOULDER JOINT LINING
23106	6	INCISION OF COLLARBONE JOINT
23107	6	EXPLORE TREAT SHOULDER JOINT
23120	9	PARTIAL REMOVAL, COLLAR BONE
23125	7	REMOVAL OF COLLAR BONE
23130	10	REMOVE SHOULDER BONE, PART
23140	6	REMOVAL OF BONE LESION
23145	7	REMOVAL OF BONE LESION
23146	7	REMOVAL OF BONE LESION
23150	6	REMOVAL OF HUMERUS LESION
23155	7	REMOVAL OF HUMERUS LESION
23156	7	REMOVAL OF HUMERUS LESION
23170	4	REMOVE COLLAR BONE LESION
23172	4	REMOVE SHOULDER BLADE LESION
23174	4	REMOVE HUMERUS LESION
23180	6	REMOVE COLLAR BONE LESION
23182	6	REMOVE SHOULDER BLADE LESION
23184	6	REMOVE HUMERUS LESION
23190	6	PARTIAL REMOVAL OF SCAPULA

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
23195	7	REMOVAL OF HEAD OF HUMERUS
CPT SUBSECTION: INTRODUCTION OR REMOVAL		
23330	2	REMOVE SHOULDER FOREIGN BODY
23331	2	REMOVE SHOULDER FOREIGN BODY
CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION		
23395	7	MUSCLE TRANSFER, SHOULDER/ ARM
23397	9	MUSCLE TRANSFERS
23400	9	FIXATION OF SHOULDER BLADE
23405	4	INCISION OF TENDON & MUSCLE
23406	4	INCISE TENDON(S) & MUSCLE(S)
23410	7	REPAIR OF TENDON(S)
23412	10	REPAIR OF TENDON(S)
23415	7	RELEASE OF SHOULDER LIGAMENT
23420	10	REPAIR OF SHOULDER
23430	6	REPAIR BICEPS TENDON
23440	6	REMOVE/TRANSPLANT TENDON
23450	7	REPAIR SHOULDER CAPSULE
23455	9	REPAIR SHOULDER CAPSULE
23460	7	REPAIR SHOULDER CAPSULE
23462	9	REPAIR SHOULDER CAPSULE
23465	7	REPAIR SHOULDER CAPSULE
23466	9	REPAIR SHOULDER CAPSULE
23480	6	REVISION OF COLLAR BONE
23485	9	REVISION OF COLLAR BONE
23490	5	REINFORCE CLAVICLE
23491	5	REINFORCE SHOULDER BONES
23500	2	TREAT CLAVICLE FRACTURE
23505	2	TREAT CLAVICLE FRACTURE
23515	5	TREAT CLAVICLE FRACTURE
23520	2	TREAT CLAVICLE DISLOCATION
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
23525	2	TREAT CLAVICLE DISLOCATION
23530	5	TREAT CLAVICLE DISLOCATION
23532	6	TREAT CLAVICLE DISLOCATION
23540	2	TREAT CLAVICLE DISLOCATION
23545	2	TREAT CLAVICLE DISLOCATION
23550	5	TREAT CLAVICLE DISLOCATION
23552	6	TREAT CLAVICLE DISLOCATION
23570	2	TREAT SHOULDER BLADE FX
23575	2	TREAT SHOULDER BLADE FX
23585	5	TREAT SCAPULA FRACTURE
23600 ⁴	2	TREAT HUMERUS FRACTURE
23605	4	TREAT HUMERUS FRACTURE
23615	6	TREAT HUMERUS FRACTURE
23616	6	TREAT HUMERUS FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
23620 ⁴	2	TREAT HUMERUS FRACTURE
23625	4	TREAT HUMERUS FRACTURE
23630	7	TREAT HUMERUS FRACTURE
23650	1	TREAT SHOULDER DISLOCATION
23655	2	TREAT SHOULDER DISLOCATION
23660	5	TREAT SHOULDER DISLOCATION
23665	4	TREAT DISLOCATION/FRACTURE
23670	5	TREAT DISLOCATION/FRACTURE
23675	4	TREAT DISLOCATION/FRACTURE
23680	5	TREAT DISLOCATION/FRACTURE
CPT SUBSECTION: MANIPULATION		
23700	2	FIXATION OF SHOULDER
CPT SUBSECTION: ARTHRODESIS		
23800	6	FUSION OF SHOULDER JOINT
23802	9	FUSION OF SHOULDER JOINT
CPT SUBSECTION: AMPUTATION		
23921	5	AMPUTATION FOLLOW-UP SURGERY
HUMERUS (UPPER ARM) AND ELBOW		
CPT SUBSECTION: INCISION		
23930	2	DRAINAGE OF ARM LESION
23931	4	DRAINAGE OF ARM BURSA
23935	4	DRAIN ARM/ELBOW BONE LESION
CPT SUBSECTION: EXCISION		
24000	6	EXPLORATORY ELBOW SURGERY
24006	6	RELEASE ELBOW JOINT
24066	4	BIOPSY ARM/ELBOW SOFT TISSUE
24075	4	REMOVE ARM/ELBOW LESION
24076	4	REMOVE ARM/ELBOW LESION
24077	5	REMOVE TUMOR OF ARM/ELBOW
24100	2	BIOPSY ELBOW JOINT LINING
24101	6	EXPLORE/TREAT ELBOW JOINT
24102	6	REMOVE ELBOW JOINT LINING
24105	5	REMOVAL OF ELBOW BURSA
24110	4	REMOVE HUMERUS LESION
24115	5	REMOVE/GRAFT BONE LESION
24116	5	REMOVE/GRAFT BONE LESION
24120	5	REMOVE ELBOW LESION
24125	5	REMOVE/GRAFT BONE LESION
24126	5	REMOVE/GRAFT BONE LESION
24130	5	REMOVAL OF HEAD OF RADIUS
24134	4	REMOVAL OF ARM BONE LESION
24136	4	REMOVE RADIUS BONE LESION
24138	4	REMOVE ELBOW BONE LESION
24140	5	PARTIAL REMOVAL OF ARM BONE
24145	5	PARTIAL REMOVAL OF RADIUS

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
24147	4	PARTIAL REMOVAL OF ELBOW
24155	5	REMOVAL OF ELBOW JOINT
CPT SUBSECTION: INTRODUCTION OR REMOVAL		
24160	4	REMOVE ELBOW JOINT IMPLANT
24164	5	REMOVE RADIUS HEAD IMPLANT
24201	4	REMOVAL OF ARM FOREIGN BODY
CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION		
24301	6	MUSCLE/TENDON TRANSFER
24305	6	ARM TENDON LENGTHENING
24310	5	REVISION OF ARM TENDON
24320	5	REPAIR OF ARM TENDON
24330	5	REVISION OF ARM MUSCLES
24331	5	REVISION OF ARM MUSCLES
24340	5	REPAIR OF BICEPS TENDON
24341	5	REPAIR ARM TENDON/MUSCLE
24342	5	REPAIR OF RUPTURED TENDON
24345	4	REPR ELBW MED LIGMNT W/ TISSU
24350	5	REPAIR OF TENNIS ELBOW
24351	5	REPAIR OF TENNIS ELBOW
24352	5	REPAIR OF TENNIS ELBOW
24354	5	REPAIR OF TENNIS ELBOW
24356	5	REVISION OF TENNIS ELBOW
24360	7	RECONSTRUCT ELBOW JOINT
24361	7	RECONSTRUCT ELBOW JOINT
24362	7	RECONSTRUCT ELBOW JOINT
24363	9	REPLACE ELBOW JOINT
24365	7	RECONSTRUCT HEAD OF RADIUS
24366	7	RECONSTRUCT HEAD OF RADIUS
24400	6	REVISION OF HUMERUS
24410	6	REVISION OF HUMERUS
24420	5	REVISION OF HUMERUS
24430	5	REPAIR OF HUMERUS
24435	6	REPAIR HUMERUS WITH GRAFT
24470	5	REVISION OF ELBOW JOINT
24495	4	DECOMPRESSION OF FOREARM
24498	5	REINFORCE HUMERUS
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
24500	2	TREAT HUMERUS FRACTURE
24505	2	TREAT HUMERUS FRACTURE
24515	6	TREAT HUMERUS FRACTURE
24516	6	TREAT HUMERUS FRACTURE
24530	2	TREAT HUMERUS FRACTURE
24535	2	TREAT HUMERUS FRACTURE
24538	4	TREAT HUMERUS FRACTURE
24545	6	TREAT HUMERUS FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
24546	7	TREAT HUMERUS FRACTURE
24560	2	TREAT HUMERUS FRACTURE
24565	4	TREAT HUMERUS FRACTURE
24566	4	TREAT HUMERUS FRACTURE
24575	5	TREAT HUMERUS FRACTURE
24576	2	TREAT HUMERUS FRACTURE
24577	2	TREAT HUMERUS FRACTURE
24579	5	TREAT HUMERUS FRACTURE
24582	4	TREAT HUMERUS FRACTURE
24586	6	TREAT ELBOW FRACTURE
24587	7	TREAT ELBOW FRACTURE
24600	2	TREAT ELBOW DISLOCATION
24605	4	TREAT ELBOW DISLOCATION
24615	5	TREAT ELBOW DISLOCATION
24620	4	TREAT ELBOW FRACTURE
24635	5	TREAT ELBOW FRACTURE
24655	2	TREAT RADIUS FRACTURE
24665	6	TREAT RADIUS FRACTURE
24666	6	TREAT RADIUS FRACTURE
24670	2	TREAT ULNAR FRACTURE
24675	2	TREAT ULNAR FRACTURE
24685	5	TREAT ULNAR FRACTURE
CPT SUBSECTION: ARTHRODESIS		
24800	6	FUSION OF ELBOW JOINT
24802	7	FUSION/GRAFT OF ELBOW JOINT
CPT SUBSECTION: AMPUTATION		
24925	5	AMPUTATION FOLLOW-UP SURGERY
FOREARM AND WRIST		
CPT SUBSECTION: INCISION		
25000	7	INCISION OF TENDON SHEATH
25020	5	DECOMPRESS FOREARM 1 SPACE
25023	5	DECOMPRESS FOREARM 1 SPACE
25024	5	DECOMPRESS FOREARM 2 SPACES
25025	5	DECOMPRESS FOREARM 2 SPACES
25028	2	DRAINAGE OF FOREARM LESION
25031	4	DRAINAGE OF FOREARM BURSA
25035	4	TREAT FOREARM BONE LESION
25040	7	EXPLORE/TREAT WRIST JOINT
CPT SUBSECTION: EXCISION		
25066	4	BIOPSY FOREARM SOFT TISSUES
25075	4	REMOVE FOREARM LESION SUBCUT
25076	5	REMOVE FOREARM LESION DEEP
25077	5	REMOVE TUMOR, FOREARM/WRIST
25085	5	INCISION OF WRIST CAPSULE
25100	4	BIOPSY OF WRIST JOINT

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
25101	5	EXPLORE/TREAT WRIST JOINT
25105	6	REMOVE WRIST JOINT LINING
25107	5	REMOVE WRIST JOINT CARTILAGE
25110	5	REMOVE WRIST TENDON LESION
25111	7	REMOVE WRIST TENDON LESION
25112	6	REREMOVE WRIST TENDON LESION
25115	6	REMOVE WRIST/FOREARM LESION
25116	6	REMOVE WRIST/FOREARM LESION
25118	4	EXCISE WRIST TENDON SHEATH
25119	5	PARTIAL REMOVAL OF ULNA
25120	5	REMOVAL OF FOREARM LESION
25125	5	REMOVE/GRAFT FOREARM LESION
25126	5	REMOVE/GRAFT FOREARM LESION
25130	5	REMOVAL OF WRIST LESION
25135	5	REMOVE & GRAFT WRIST LESION
25136	5	REMOVE & GRAFT WRIST LESION
25145	4	REMOVE FOREARM BONE LESION
25150	4	PARTIAL REMOVAL OF ULNA
25151	4	PARTIAL REMOVAL OF RADIUS
25210	5	REMOVAL OF WRIST BONE
25215	6	REMOVAL OF WRIST BONES
25230	6	PARTIAL REMOVAL OF RADIUS
25240	6	PARTIAL REMOVAL OF ULNA
CPT SUBSECTION: INTRODUCTION OR REMOVAL		
25248	4	REMOVE FOREARM FOREIGN BODY
25250	2	REMOVAL OF WRIST PROSTHESIS
25251	2	REMOVAL OF WRIST PROSTHESIS
CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION		
25260	6	REPAIR FOREARM TENDON/MUSCLE
25263	4	REPAIR FOREARM TENDON/MUSCLE
25265	5	REPAIR FOREARM TENDON/MUSCLE
25270	6	REPAIR FOREARM TENDON/MUSCLE
25272	5	REPAIR FOREARM TENDON/MUSCLE
25274	6	REPAIR FOREARM TENDON/MUSCLE
25275	6	REPAIR FOREARM TENDON SHEATH
25280	6	REVISE WRIST/FOREARM TENDON
25290	5	INCISE WRIST/FOREARM TENDON
25295	5	RELEASE WRIST/FOREARM TENDON
25300	5	FUSION OF TENDONS AT WRIST
25301	5	FUSION OF TENDONS AT WRIST
25310	5	TRANSPLANT FOREARM TENDON
25312	6	TRANSPLANT FOREARM TENDON
25315	5	REVISE PALSY HAND TENDON(S)
25316	5	REVISE PALSY HAND TENDON(S)
25320	5	REPAIR/REVISE WRIST JOINT
25332	7	REVISE WRIST JOINT

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
25335	5	REALIGNMENT OF HAND
25337	7	RECONSTRUCT ULNA/RADIOULNAR
25350	5	REVISION OF RADIUS
25355	5	REVISION OF RADIUS
25360	5	REVISION OF ULNA
25365	5	REVISE RADIUS & ULNA
25370	5	REVISE RADIUS OR ULNA
25375	6	REVISE RADIUS & ULNA
25390	5	SHORTEN RADIUS OR ULNA
25391	6	LENGTHEN RADIUS OR ULNA
25392	5	SHORTEN RADIUS & ULNA
25393	6	LENGTHEN RADIUS & ULNA
25400	5	REPAIR RADIUS OR ULNA
25405	6	REPAIR/GRAFT RADIUS OR ULNA
25415	5	REPAIR RADIUS & ULNA
25420	6	REPAIR/GRAFT RADIUS & ULNA
25425	5	REPAIR/GRAFT RADIUS OR ULNA
25426	6	REPAIR/GRAFT RADIUS & ULNA
25440	6	REPAIR/GRAFT WRIST BONE
25441	7	RECONSTRUCT WRIST JOINT
25442	7	RECONSTRUCT WRIST JOINT
25443	7	RECONSTRUCT WRIST JOINT
25444	7	RECONSTRUCT WRIST JOINT
25445	7	RECONSTRUCT WRIST JOINT
25446	9	WRIST REPLACEMENT
25447	7	REPAIR WRIST JOINT(S)
25449	7	REMOVE WRIST JOINT IMPLANT
25450	5	REVISION OF WRIST JOINT
25455	5	REVISION OF WRIST JOINT
25490	5	REINFORCE RADIUS
25491	5	REINFORCE ULNA
25492	5	REINFORCE RADIUS AND ULNA
CPT SUBSECTION: FRACTURE AND/OR DISLOCATION		
25505	2	TREAT FRACTURE OF RADIUS
25515	5	TREAT FRACTURE OF RADIUS
25520	2	TREAT FRACTURE OF RADIUS
25525	6	TREAT FRACTURE OF RADIUS
25526	7	TREAT FRACTURE OF RADIUS
25535	2	TREAT FRACTURE OF ULNA
25545	5	TREAT FRACTURE OF ULNA
25565	2	TREAT FRACTURE RADIUS & ULNA
25574	5	TREAT FRACTURE RADIUS & ULNA
25575	5	TREAT FRACTURE RADIUS/ULNA
25605	3	TREAT FRACTURE RADIUS/ULNA
25606 ⁷	5	TREAT FX DISTAL RADIAL
25607 ⁷	7	TREAT FX RAD EXTRA-ARTICUL

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
25608 ⁷	7	TREAT FX RAD INTRA-ARTICUL
25609 ⁷	7	TREAT FX RADIAL 3+ FRAG
25611 ⁸	8	TREAT FRACTURE RADIUS/ULNA
25620 ⁸	7	TREAT FRACTURE RADIUS/ULNA
25624	4	TREAT WRIST BONE FRACTURE
25628	5	TREAT WRIST BONE FRACTURE
25635	2	TREAT WRIST BONE FRACTURE
25645	5	TREAT WRIST BONE FRACTURE
25660	2	TREAT WRIST DISLOCATION
25670	5	TREAT WRIST DISLOCATION
25671	2	PIN RADIOULNAR DISLOCATION
25675	2	TREAT WRIST DISLOCATION
25676	4	TREAT WRIST DISLOCATION
25680	4	TREAT WRIST FRACTURE
25685	5	TREAT WRIST FRACTURE
25690	2	TREAT WRIST DISLOCATION
25695	4	TREAT WRIST DISLOCATION
CPT SUBSECTION: ARTHRODESIS		
25800	6	FUSION OF WRIST JOINT
25805	7	FUSION/GRAFT OF WRIST JOINT
25810	7	FUSION/GRAFT OF WRIST JOINT
25820	6	FUSION OF HAND BONES
25825	7	FUSE HAND BONES WITH GRAFT
25830	7	FUSION, RADIOULNAR JNT/ULNA
CPT SUBSECTION: AMPUTATION		
25907	5	AMPUTATION FOLLOW-UP SURGERY
25922	5	AMPUTATE HAND AT WRIST
25929	5	AMPUTATION FOLLOW-UP SURGERY
HANDS AND FINGERS		
CPT SUBSECTION: INCISION		
26011	2	DRAINAGE OF FINGER ABSCESS
26020	4	DRAIN HAND TENDON SHEATH
26025	2	DRAINAGE OF PALM BURSA
CPT SUBSECTION: ARTHRODESIS		
26030	4	DRAINAGE OF PALM BURSA(S)
26034	4	TREAT HAND BONE LESION
26040	6	RELEASE PALM CONTRACTURE
26045	5	RELEASE PALM CONTRACTURE
26055	6	INCISE FINGER TENDON SHEATH
26060	4	INCISION OF FINGER TENDON
26070	4	EXPLORE/TREAT HAND JOINT
26075	6	EXPLORE/TREAT FINGER JOINT
26080	6	EXPLORE/TREAT FINGER JOINT
CPT SUBSECTION: EXCISION		
26100	4	BIOPSY HAND JOINT LINING

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
26105	2	BIOPSY FINGER JOINT LINING
26110	2	BIOPSY FINGER JOINT LINING
26115	4	REMOVE HAND LESION SUBCUT
26116	4	REMOVE HAND LESION, DEEP
26117	5	REMOVE TUMOR, HAND/FINGER
26121	6	RELEASE PALM CONTRACTURE
26123	6	RELEASE PALM CONTRACTURE
26125	6	RELEASE PALM CONTRACTURE
26130	5	REMOVE WRIST JOINT LINING
26135	6	REVISE FINGER JOINT, EACH
26140	4	REVISE FINGER JOINT, EACH
26145	5	TENDON EXCISION, PALM/FINGER
26160	6	REMOVE TENDON SHEATH LESION
26170	5	REMOVAL OF PALM TENDON, EACH
26180	5	REMOVAL OF FINGER TENDON
26185	6	REMOVE FINGER BONE
26200	4	REMOVE HAND BONE LESION
26205	5	REMOVE/GRAFT BONE LESION
26210	4	REMOVAL OF FINGER LESION
26215	5	REMOVE/GRAFT FINGER LESION
26230	9	PARTIAL REMOVAL OF HAND BONE
26235	5	PARTIAL REMOVAL, FINGER BONE
26236	5	PARTIAL REMOVAL, FINGER BONE
26250	5	EXTENSIVE HAND SURGERY
26255	5	EXTENSIVE HAND SURGERY
26260	5	EXTENSIVE FINGER SURGERY
26261	5	EXTENSIVE FINGER SURGERY
26262	4	PARTIAL REMOVAL OF FINGER
CPT SUBSECTION: INTRODUCTION OR REMOVAL		
26320	4	REMOVAL OF IMPLANT FROM HAND
CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION		
26350	2	REPAIR FINGER/HAND TENDON
26352	6	REPAIR/GRAFT HAND TENDON
26356	6	REPAIR FINGER/HAND TENDON
26357	6	REPAIR FINGER/HAND TENDON
26358	6	REPAIR/GRAFT HAND TENDON
26370	6	REPAIR FINGER/HAND TENDON
26372	6	REPAIR/GRAFT HAND TENDON
26373	5	REPAIR FINGER/HAND TENDON
26390	6	REVISE HAND/FINGER TENDON
26392	5	REPAIR/GRAFT HAND TENDON
26410	5	REPAIR HAND TENDON
26412	5	REPAIR/GRAFT HAND TENDON
26415	6	EXCISION, HAND/FINGER TENDON
26416	5	GRAFT HAND OR FINGER TENDON
26418	6	REPAIR FINGER TENDON

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
26420	6	REPAIR/GRAFT FINGER TENDON
26426	5	REPAIR FINGER/HAND TENDON
26428	5	REPAIR/GRAFT FINGER TENDON
26432	5	REPAIR FINGER TENDON
26433	5	REPAIR FINGER TENDON
26434	5	REPAIR/GRAFT FINGER TENDON
26437	5	REALIGNMENT OF TENDONS
26440	5	RELEASE PALM/FINGER TENDON
26442	5	RELEASE PALM & FINGER TENDON
26445	5	RELEASE HAND/FINGER TENDON
26449	5	RELEASE FOREARM/HAND TENDON
26450	5	INCISION OF PALM TENDON
26455	5	INCISION OF FINGER TENDON
26460	5	INCISE HAND/FINGER TENDON
26471	4	FUSION OF FINGER TENDONS
26474	4	FUSION OF FINGER TENDONS
26476	2	TENDON LENGTHENING
26477	2	TENDON SHORTENING
26478	2	LENGTHENING OF HAND TENDON
26479	2	SHORTENING OF HAND TENDON
26480	5	TRANSPLANT HAND TENDON
26483	5	TRANSPLANT/GRAFT HAND TENDON
26485	4	TRANSPLANT PALM TENDON
26489	5	TRANSPLANT/GRAFT PALM TENDON
26490	5	REVISE THUMB TENDON
26492	5	TENDON TRANSFER WITH GRAFT
26494	5	HAND TENDON/MUSCLE TRANSFER
26496	5	REVISE THUMB TENDON
26497	5	FINGER TENDON TRANSFER
26498	6	FINGER TENDON TRANSFER
26499	5	REVISION OF FINGER
26500	6	HAND TENDON RECONSTRUCTION
26502	6	HAND TENDON RECONSTRUCTION
26504 ⁸	6	HAND TENDON RECONSTRUCTION
26508	5	RELEASE THUMB CONTRACTURE
26510	5	THUMB TENDON TRANSFER
26516	2	FUSION OF KNUCKLE JOINT
26517	5	FUSION OF KNUCKLE JOINTS
26518	5	FUSION OF KNUCKLE JOINTS
26520	5	RELEASE KNUCKLE CONTRACTURE
26525	5	RELEASE FINGER CONTRACTURE
26530	5	REVISE KNUCKLE JOINT
26531	9	REVISE KNUCKLE WITH IMPLANT
26535	7	REVISE FINGER JOINT
26536	7	REVISE/IMPLANT FINGER JOINT
26540	6	REPAIR HAND JOINT

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
26541	9	REPAIR HAND JOINT WITH GRAFT
26542	6	REPAIR HAND JOINT WITH GRAFT
26545	6	RECONSTRUCT FINGER JOINT
26546	6	REPAIR NONUNION HAND
26548	6	RECONSTRUCT FINGER JOINT
26550	4	CONSTRUCT THUMB REPLACEMENT
26555	5	POSITIONAL CHANGE OF FINGER
26560	4	REPAIR OF WEB FINGER
26561	5	REPAIR OF WEB FINGER
26562	6	REPAIR OF WEB FINGER
26565	7	CORRECT METACARPAL FLAW
26567	7	CORRECT FINGER DEFORMITY
26568	5	LENGTHEN METACARPAL/FINGER
26580	7	REPAIR HAND DEFORMITY
26587	7	RECONSTRUCT EXTRA FINGER
26590	7	REPAIR FINGER DEFORMITY
26591	5	REPAIR MUSCLES OF HAND
26593	5	RELEASE MUSCLES OF HAND
26596	4	EXCISION CONSTRICTING TISSUE

CPT SUBSECTION: FRACTURE AND/OR DISLOCATION

26605	4	TREAT METACARPAL FRACTURE
26607	4	TREAT METACARPAL FRACTURE
26608	6	TREAT METACARPAL FRACTURE
26615	6	TREAT METACARPAL FRACTURE
26645	2	TREAT THUMB FRACTURE
26650	4	TREAT THUMB FRACTURE
26665	6	TREAT THUMB FRACTURE
26675	4	TREAT HAND DISLOCATION
26676	4	PIN HAND DISLOCATION
26685	5	TREAT HAND DISLOCATION
26686	5	TREAT HAND DISLOCATION
26705	4	TREAT KNUCKLE DISLOCATION
26706	4	PIN KNUCKLE DISLOCATION
26715	6	TREAT KNUCKLE DISLOCATION
26727	9	TREAT FINGER FRACTURE, EACH
26735	6	TREAT FINGER FRACTURE, EACH
26742	4	TREAT FINGER FRACTURE, EACH
26746	7	TREAT FINGER FRACTURE, EACH
26756	4	PIN FINGER FRACTURE, EACH
26765	6	TREAT FINGER FRACTURE, EACH
26776	4	PIN FINGER DISLOCATION
26785	4	TREAT FINGER DISLOCATION

CPT SUBSECTION: ARTHRODESIS

26820	7	THUMB FUSION WITH GRAFT
26841	6	FUSION OF THUMB
26842	6	THUMB FUSION WITH GRAFT

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
26843	5	FUSION OF HAND JOINT
26844	5	FUSION/GRAFT OF HAND JOINT
26850	6	FUSION OF KNUCKLE
26852	6	FUSION OF KNUCKLE WITH GRAFT
26860	5	FUSION OF FINGER JOINT
26861	4	FUSION OF FINGER JNT, ADD-ON
26862	6	FUSION/GRAFT OF FINGER JOINT
26863	5	FUSE/GRAFT ADDED JOINT
CPT SUBSECTION: AMPUTATION		
26910	5	AMPUTATE METACARPAL BONE
26951	4	AMPUTATION OF FINGER/THUMB
26952	6	AMPUTATION OF FINGER/THUMB
PELVIS AND HIP JOINT		
CPT SUBSECTION: INCISION		
26990	2	DRAINAGE OF PELVIS LESION
26991	2	DRAINAGE OF PELVIS BURSA
27000	4	INCISION OF HIP TENDON
27001	5	INCISION OF HIP TENDON
27003	5	INCISION OF HIP TENDON
27033	5	EXPLORATION OF HIP JOINT
27035	6	DENERVATION OF HIP JOINT
CPT SUBSECTION: EXCISION		
27040	2	BIOPSY OF SOFT TISSUES
27041	4	BIOPSY OF SOFT TISSUES
27047	4	REMOVE HIP/PELVIS LESION
27048	5	REMOVE HIP/PELVIS LESION
27049	5	REMOVE TUMOR, HIP/PELVIS
27050	5	BIOPSY OF SACROILIAC JOINT
27052	5	BIOPSY OF HIP JOINT
27060	7	REMOVAL OF ISCHIAL BURSA
27062	7	REMOVE FEMUR LESION/BURSA
27065	7	REMOVAL OF HIP BONE LESION
27066	7	REMOVAL OF HIP BONE LESION
27067	7	REMOVE/GRAFT HIP BONE LESION
27080	4	REMOVAL OF TAIL BONE
CPT SUBSECTION: PRODUCTION AND/OR REMOVAL		
27086	2	REMOVE HIP FOREIGN BODY
27087	5	REMOVE HIP FOREIGN BODY
CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION		
27097	5	REVISION OF HIP TENDON
27098	5	TRANSFER TENDON TO PELVIS
27100	6	TRANSFER OF ABDOMINAL MUSCLE
27105	6	TRANSFER OF SPINAL MUSCLE
27110	6	TRANSFER OF ILIOPSOAS MUSCLE
27111	6	TRANSFER OF ILIOPSOAS MUSCLE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS		
27193	2	TREAT PELVIC RING FRACTURE
27194	4	TREAT PELVIC RING FRACTURE
27202	4	TREAT TAIL BONE FRACTURE
27230	2	TREAT THIGH FRACTURE
27238	2	TREAT THIGH FRACTURE
27246	2	TREAT THIGH FRACTURE
27250	2	TREAT HIP DISLOCATION
27252	2	TREAT HIP DISLOCATION
27257	5	TREAT HIP DISLOCATION
27265	2	TREAT HIP DISLOCATION
27266	4	TREAT HIP DISLOCATION
CPT SUBSECTION: MANIPULATION		
27275	4	MANIPULATION OF HIP JOINT
FEMUR (THIGH REGION) AND KNEE JOINT		
CPT SUBSECTION: INCISION		
27301	5	DRAIN THIGH/KNEE LESION
27305	4	INCISE THIGH TENDON & FASCIA
27306	5	INCISION OF THIGH TENDON
27307	5	INCISION OF THIGH TENDONS
27310	6	EXPLORATION OF KNEE JOINT
27315 ⁸	4	PARTIAL REMOVAL, THIGH NERVE
27320 ⁸	4	PARTIAL REMOVAL, THIGH NERVE
27325 ⁷	4	NEURECTOMY, HAMSTRING
27326 ⁷	4	NEURECTOMY, POPLITEAL
CPT SUBSECTION: EXCISION		
27323	2	BIOPSY, THIGH SOFT TISSUES
27324	2	BIOPSY, THIGH SOFT TISSUES
27327	4	REMOVAL OF THIGH LESION
27328	5	REMOVAL OF THIGH LESION
27329	6	REMOVE TUMOR, THIGH/KNEE
27330	6	BIOPSY, KNEE JOINT LINING
27331	6	EXPLORE/TREAT KNEE JOINT
27332	6	REMOVAL OF KNEE CARTILAGE
27333	6	REMOVAL OF KNEE CARTILAGE
27334	6	REMOVE KNEE JOINT LINING
27335	6	REMOVE KNEE JOINT LINING
27340	5	REMOVAL OF KNEECAP BURSA
27345	6	REMOVAL OF KNEE CYST
27347	6	REMOVE KNEE CYST
27350	6	REMOVAL OF KNEECAP
27355	5	REMOVE FEMUR LESION
27356	6	REMOVE FEMUR LESION/GRAFT
27357	7	REMOVE FEMUR LESION/GRAFT
27358	7	REMOVE FEMUR LESION/FIXATION

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
27360	7	PARTIAL REMOVAL, LEG BONE(S)
CPT SUBSECTION: INTRODUCTION AND/OR REMOVAL		
27372	9	REMOVAL OF FOREIGN BODY
CPT SUBSECTION: REPAIR, REVISION AND RECONSTRUCTION		
27380	2	REPAIR OF KNEECAP TENDON
27381	5	REPAIR/GRAFT KNEECAP TENDON
27385	5	REPAIR OF THIGH MUSCLE
27386	5	REPAIR/GRAFT OF THIGH MUSCLE
27390	2	INCISION OF THIGH TENDON
27391	4	INCISION OF THIGH TENDONS
27392	5	INCISION OF THIGH TENDONS
27393	4	LENGTHENING OF THIGH TENDON
27394	5	LENGTHENING OF THIGH TENDONS
27395	5	LENGTHENING OF THIGH TENDONS
27396	5	TRANSPLANT OF THIGH TENDON
27397	5	TRANSPLANTS OF THIGH TENDONS
27400	5	REVISE THIGH MUSCLES/TENDONS
27403	6	REPAIR OF KNEE CARTILAGE
27405	6	REPAIR OF KNEE LIGAMENT
27407	6	REPAIR OF KNEE LIGAMENT
27409	6	REPAIR OF KNEE LIGAMENTS
27418	5	REPAIR DEGENERATED KNEECAP
27420	5	REVISION OF UNSTABLE KNEECAP
27422	9	REVISION OF UNSTABLE KNEECAP
27424	5	REVISION/REMOVAL OF KNEECAP
27425	9	LAT RETINACULAR RELEASE OPEN
27427	5	RECONSTRUCTION, KNEE
27428	6	RECONSTRUCTION, KNEE
27429	6	RECONSTRUCTION, KNEE
27430	6	REVISION OF THIGH MUSCLES
27435	6	INCISION OF KNEE JOINT
27437	6	REVISE KNEECAP
27438	7	REVISE KNEECAP WITH IMPLANT
27441	7	REVISION OF KNEE JOINT
27442	7	REVISION OF KNEE JOINT
27443	7	REVISION OF KNEE JOINT
27496	7	DECOMPRESSION OF THIGH/KNEE
27497	5	DECOMPRESSION OF THIGH/KNEE
27498	5	DECOMPRESSION OF THIGH/KNEE
27499	5	DECOMPRESSION OF THIGH/KNEE
CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS		
27500	2	TREATMENT OF THIGH FRACTURE
27501	4	TREATMENT OF THIGH FRACTURE
27502	4	TREATMENT OF THIGH FRACTURE
27503	5	TREATMENT OF THIGH FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
27508	2	TREATMENT OF THIGH FRACTURE
27509	5	TREATMENT OF THIGH FRACTURE
27510	2	TREATMENT OF THIGH FRACTURE
27516	2	TREAT THIGH FX GROWTH PLATE
27517	2	TREAT THIGH FX GROWTH PLATE
27520	2	TREAT KNEECAP FRACTURE
27530	2	TREAT KNEE FRACTURE
27532	2	TREAT KNEE FRACTURE
27538	2	TREAT KNEE FRACTURE(S)
27550	2	TREAT KNEE DISLOCATION
27552	2	TREAT KNEE DISLOCATION
27560	2	TREAT KNEECAP DISLOCATION
27562	2	TREAT KNEECAP DISLOCATION
27566	4	TREAT KNEECAP DISLOCATION
CPT SUBSECTION: MANIPULATION		
27570	2	FIXATION OF KNEE JOINT
CPT SUBSECTION: AMPUTATION		
27594	5	AMPUTATION FOLLOW-UP SURGERY
LEG (TIBIA AND FIBULA) AND ANKLE JOINT		
CPT SUBSECTION: INCISION		
27600	5	DECOMPRESSION OF LOWER LEG
27601	5	DECOMPRESSION OF LOWER LEG
27602	5	DECOMPRESSION OF LOWER LEG
27603	4	DRAIN LOWER LEG LESION
27604	4	DRAIN LOWER LEG BURSA
27605	2	INCISION OF ACHILLES TENDON
27606	2	INCISION OF ACHILLES TENDON
27607	4	TREAT LOWER LEG BONE LESION
27610	4	EXPLORE/TREAT ANKLE JOINT
27612	5	EXPLORATION OF ANKLE JOINT
CPT SUBSECTION: EXCISION		
27614	4	BIOPSY LOWER LEG SOFT TISSUE
27615	5	REMOVE TUMOR, LOWER LEG
27618	4	REMOVE LOWER LEG LESION
27619	5	REMOVE LOWER LEG LESION
27620	6	EXPLORE/TREAT ANKLE JOINT
27625	6	REMOVE ANKLE JOINT LINING
27626	6	REMOVE ANKLE JOINT LINING
27630	5	REMOVAL OF TENDON LESION
27635	5	REMOVE LOWER LEG BONE LESION
27637	5	REMOVE/GRAFT LEG BONE LESION
27638	5	REMOVE/GRAFT LEG BONE LESION
27640	4	PARTIAL REMOVAL OF TIBIA
27641	4	PARTIAL REMOVAL OF FIBULA
27647	5	EXTENSIVE ANKLE/HEEL SURGERY

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE	
	PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION		
27650	9	REPAIR ACHILLES TENDON
27652	5	REPAIR/GRAFT ACHILLES TENDON
27654	5	REPAIR OF ACHILLES TENDON
27656	4	REPAIR LEG FASCIA DEFECT
27658	2	REPAIR OF LEG TENDON, EACH
27659	4	REPAIR OF LEG TENDON, EACH
27664	4	REPAIR OF LEG TENDON, EACH
27665	4	REPAIR OF LEG TENDON, EACH
27675	4	REPAIR LOWER LEG TENDONS
27676	5	REPAIR LOWER LEG TENDONS
27680	5	RELEASE OF LOWER LEG TENDON
27681	4	RELEASE OF LOWER LEG TENDONS
27685	5	REVISION OF LOWER LEG TENDON
27686	5	REVISE LOWER LEG TENDONS
27687	5	REVISION OF CALF TENDON
27690	6	REVISE LOWER LEG TENDON
27691	6	REVISE LOWER LEG TENDON
27692	5	REVISE ADDITIONAL LEG TENDON
27695	4	REPAIR OF ANKLE LIGAMENT
27696	4	REPAIR OF ANKLE LIGAMENTS
27698	4	REPAIR OF ANKLE LIGAMENT
27700	7	REVISION OF ANKLE JOINT
27704	4	REMOVAL OF ANKLE IMPLANT
27705	4	INCISION OF TIBIA
27707	4	INCISION OF FIBULA
27709	4	INCISION OF TIBIA & FIBULA
27730	4	REPAIR OF TIBIA EPIPHYSIS
27732	4	REPAIR OF FIBULA EPIPHYSIS
27734	4	REPAIR LOWER LEG EPIPHYSES
27740	4	REPAIR OF LEG EPIPHYSES
27742	4	REPAIR OF LEG EPIPHYSES
27745	5	REINFORCE TIBIA
CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS		
27750	2	TREATMENT OF TIBIA FRACTURE
27752	2	TREATMENT OF TIBIA FRACTURE
27756	5	TREATMENT OF TIBIA FRACTURE
27758	6	TREATMENT OF TIBIA FRACTURE
27759	6	TREATMENT OF TIBIA FRACTURE
27760	2	TREATMENT OF ANKLE FRACTURE
27762	2	TREATMENT OF ANKLE FRACTURE
27766	5	TREATMENT OF ANKLE FRACTURE
27780	2	TREATMENT OF FIBULA FRACTURE
27781	2	TREATMENT OF FIBULA FRACTURE
27784	5	TREATMENT OF FIBULA FRACTURE
27786	2	TREATMENT OF ANKLE FRACTURE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
27788	2	TREATMENT OF ANKLE FRACTURE
27792	5	TREATMENT OF ANKLE FRACTURE
27808	2	TREATMENT OF ANKLE FRACTURE
27810	2	TREATMENT OF ANKLE FRACTURE
27814	5	TREATMENT OF ANKLE FRACTURE
27816	2	TREATMENT OF ANKLE FRACTURE
27818	2	TREATMENT OF ANKLE FRACTURE
27822	5	TREATMENT OF ANKLE FRACTURE
27823	5	TREATMENT OF ANKLE FRACTURE
27824	2	TREAT LOWER LEG FRACTURE
27825	4	TREAT LOWER LEG FRACTURE
27826	5	TREAT LOWER LEG FRACTURE
27827	5	TREAT LOWER LEG FRACTURE
27828	6	TREAT LOWER LEG FRACTURE
27829	4	TREAT LOWER LEG JOINT
27830	2	TREAT LOWER LEG DISLOCATION
27831	2	TREAT LOWER LEG DISLOCATION
27832	4	TREAT LOWER LEG DISLOCATION
27840	2	TREAT ANKLE DISLOCATION
27842	2	TREAT ANKLE DISLOCATION
27846	5	TREAT ANKLE DISLOCATION
27848	5	TREAT ANKLE DISLOCATION
CPT SUBSECTION: MANIPULATION		
27860	2	FIXATION OF ANKLE JOINT
CPT SUBSECTION: ARTHRODESIS		
27870	6	FUSION OF ANKLE JOINT
27871	6	FUSION OF TIBIOFIBULAR JOINT
CPT SUBSECTION: AMPUTATION		
27884	5	AMPUTATION FOLLOW-UP SURGERY
27889	5	AMPUTATION OF FOOT AT ANKLE
CPT SUBSECTION: OTHER PROCEDURES		
27892	5	DECOMPRESSION OF LEG
27893	5	DECOMPRESSION OF LEG
27894	5	DECOMPRESSION OF LEG
Foot		
CPT SUBSECTION: INCISION		
28002	5	TREATMENT OF FOOT INFECTION
28003	5	TREATMENT OF FOOT INFECTION
28005	5	TREAT FOOT BONE LESION
28008	5	INCISION OF FOOT FASCIA
28011	5	INCISION OF TOE TENDONS
28020	4	EXPLORATION OF FOOT JOINT
28022	4	EXPLORATION OF FOOT JOINT
28024	4	EXPLORATION OF TOE JOINT
28030 ⁸	6	REMOVAL OF FOOT NERVE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
28035	6	DECOMPRESSION OF TIBIA NERVE
CPT SUBSECTION: EXCISION		
28043	4	EXCISION OF FOOT LESION
28045	5	EXCISION OF FOOT LESION
28046	5	RESECTION OF TUMOR, FOOT
28050	4	BIOPSY OF FOOT JOINT LINING
28052	4	BIOPSY OF FOOT JOINT LINING
28054	4	BIOPSY OF TOE JOINT LINING
28055 ⁷	6	NEURECTOMY, FOOT
28060	4	PARTIAL REMOVAL, FOOT FASCIA
28062	5	REMOVAL OF FOOT FASCIA
28070	5	REMOVAL OF FOOT JOINT LINING
28072	5	REMOVAL OF FOOT JOINT LINING
28080	8	REMOVAL OF FOOT LESION
28086	4	EXCISE FOOT TENDON SHEATH
28088	4	EXCISE FOOT TENDON SHEATH
28090	7	REMOVAL OF FOOT LESION
28092	5	REMOVAL OF TOE LESIONS
28100	4	REMOVAL OF ANKLE/HEEL LESION
28102	5	REMOVE/GRAFT FOOT LESION
28103	5	REMOVE/GRAFT FOOT LESION
28104	4	REMOVAL OF FOOT LESION
28106	5	REMOVE/GRAFT FOOT LESION
28107	5	REMOVE/GRAFT FOOT LESION
28108 ³	4	REMOVAL OF TOE LESIONS
28110	5	PART REMOVAL OF METATARSAL
28111	5	PART REMOVAL OF METATARSAL
28112	5	PART REMOVAL OF METATARSAL
28113	5	PART REMOVAL OF METATARSAL
28114	5	REMOVAL OF METATARSAL HEADS
28116	5	REVISION OF FOOT
28118	6	REMOVAL OF HEEL BONE
28119	9	REMOVAL OF HEEL SPUR
28120	9	PART REMOVAL OF ANKLE/HEEL
28122	5	PARTIAL REMOVAL OF FOOT BONE
28126	5	PARTIAL REMOVAL OF TOE
28130	5	REMOVAL OF ANKLE BONE
28140	5	REMOVAL OF METATARSAL
28150	5	REMOVAL OF TOE
28153	5	PARTIAL REMOVAL OF TOE
28160	5	PARTIAL REMOVAL OF TOE
28171	5	EXTENSIVE FOOT SURGERY
28173	5	EXTENSIVE FOOT SURGERY
28175	5	EXTENSIVE FOOT SURGERY
28192	4	REMOVAL OF FOOT FOREIGN BODY
28193	6	REMOVAL OF FOOT FOREIGN BODY

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR, REVISION OR RECONSTRUCTION		
28200	5	REPAIR OF FOOT TENDON
28202	5	REPAIR/GRAFT OF FOOT TENDON
28208	5	REPAIR OF FOOT TENDON
28210	5	REPAIR/GRAFT OF FOOT TENDON
28222	2	RELEASE OF FOOT TENDONS
28225	2	RELEASE OF FOOT TENDON
28226	2	RELEASE OF FOOT TENDONS
28234	4	INCISION OF FOOT TENDON
28238	5	REVISION OF FOOT TENDON
28240	4	RELEASE OF BIG TOE
28250	5	REVISION OF FOOT FASCIA
28260	5	RELEASE OF MIDFOOT JOINT
28261	5	REVISION OF FOOT TENDON
28262	6	REVISION OF FOOT AND ANKLE
28264	2	RELEASE OF MIDFOOT JOINT
28270	5	RELEASE OF FOOT CONTRACTURE
28280	4	FUSION OF TOES
28285	8	REPAIR OF HAMMERTOES
28286	6	REPAIR OF HAMMERTOES
28288	5	PARTIAL REMOVAL OF FOOT BONE
28289	5	REPAIR HALLUX RIGIDUS
28290	4	CORRECTION OF BUNION
28292	9	CORRECTION OF BUNION
28293	5	CORRECTION OF BUNION
28294	5	CORRECTION OF BUNION
28296	9	CORRECTION OF BUNION
28297	5	CORRECTION OF BUNION
28298	5	CORRECTION OF BUNION
28299	10	CORRECTION OF BUNION
28300	4	INCISION OF HEEL BONE
28302	4	INCISION OF ANKLE BONE
28304	4	INCISION OF MIDFOOT BONES
28305	5	INCISE/GRAFT MIDFOOT BONES
28306	6	INCISION OF METATARSAL
28307	6	INCISION OF METATARSAL
28308	4	INCISION OF METATARSAL
28309	6	INCISION OF METATARSALS
28310	5	REVISION OF BIG TOE
28312	5	REVISION OF TOE
28313	4	REPAIR DEFORMITY OF TOE
28315	6	REMOVAL OF SESAMOID BONE
28320	6	REPAIR OF FOOT BONES
28322	6	REPAIR OF METATARSALS
28340	6	RESECT ENLARGED TOE TISSUE
28341	6	RESECT ENLARGED TOE

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
28344	6	REPAIR EXTRA TOE(S)
28345	6	REPAIR WEBBED TOE(S)
CPT SUBSECTION: FRACTURES AND/OR DISLOCATIONS		
28400	2	TREATMENT OF HEEL FRACTURE
28405	4	TREATMENT OF HEEL FRACTURE
28406	4	TREATMENT OF HEEL FRACTURE
28415	5	TREAT HEEL FRACTURE
28420	6	TREAT/GRAFT HEEL FRACTURE
28435	4	TREATMENT OF ANKLE FRACTURE
28436	4	TREATMENT OF ANKLE FRACTURE
28445	5	TREAT ANKLE FRACTURE
28456	4	TREAT MIDFOOT FRACTURE
28465	5	TREAT MIDFOOT FRACTURE, EACH
28476	4	TREAT METATARSAL FRACTURE
28485	6	TREAT METATARSAL FRACTURE
28496	4	TREAT BIG TOE FRACTURE
28505	5	TREAT BIG TOE FRACTURE
28525	5	TREAT TOE FRACTURE
28531	5	TREAT SESAMOID BONE FRACTURE
28545	2	TREAT FOOT DISLOCATION
28546	4	TREAT FOOT DISLOCATION
28555	4	REPAIR FOOT DISLOCATION
28575	2	TREAT FOOT DISLOCATION
28576	5	TREAT FOOT DISLOCATION
28585	5	REPAIR FOOT DISLOCATION
28605	2	TREAT FOOT DISLOCATION
28606	4	TREAT FOOT DISLOCATION
28615	5	REPAIR FOOT DISLOCATION
28635	2	TREAT TOE DISLOCATION
28636	5	TREAT TOE DISLOCATION
28645	5	REPAIR TOE DISLOCATION
28665	2	TREAT TOE DISLOCATION
28666	5	TREAT TOE DISLOCATION
28675	5	REPAIR OF TOE DISLOCATION
CPT SUBSECTION: ARTHRODESIS		
28705	6	FUSION OF FOOT BONES
28715	6	FUSION OF FOOT BONES
28725	6	FUSION OF FOOT BONES
28730	6	FUSION OF FOOT BONES
28735	6	FUSION OF FOOT BONES
28737	7	REVISION OF FOOT BONES
28740	6	FUSION OF FOOT BONES
28750	6	FUSION OF BIG TOE JOINT
28755	6	FUSION OF BIG TOE JOINT
28760	6	FUSION OF BIG TOE JOINT

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: AMPUTATION		
28810	4	AMPUTATION TOE & METATARSAL
28820	4	AMPUTATION OF TOE
28825	4	PARTIAL AMPUTATION OF TOE
CPT SUBSECTION: ARTHROSCOPY		
29800	5	JAW ARTHROSCOPY/SURGERY
29804	5	JAW ARTHROSCOPY/SURGERY
29805	5	SHOULDER ARTHROSCOPY, DX
29806	5	SHOULDER ARTHROSCOPY/SURGERY
29807	5	SHOULDER ARTHROSCOPY/SURGERY
29819	5	SHOULDER ARTHROSCOPY/SURGERY
29820	5	SHOULDER ARTHROSCOPY/SURGERY
29821	5	SHOULDER ARTHROSCOPY/SURGERY
29822	5	SHOULDER ARTHROSCOPY/SURGERY
29823	5	SHOULDER ARTHROSCOPY/SURGERY
29824	7	SHOULDER ARTHROSCOPY/SURGERY
29825	5	SHOULDER ARTHROSCOPY/SURGERY
29826	10	SHOULDER ARTHROSCOPY/SURGERY
29827	7	ARTHROSCOP ROTATOR CUFF REPR
29830	5	ELBOW ARTHROSCOPY
29834	5	ELBOW ARTHROSCOPY/SURGERY
29835	5	ELBOW ARTHROSCOPY/SURGERY
29836	5	ELBOW ARTHROSCOPY/SURGERY
29837	5	ELBOW ARTHROSCOPY/SURGERY
29838	5	ELBOW ARTHROSCOPY/SURGERY
29840	5	WRIST ARTHROSCOPY
29843	5	WRIST ARTHROSCOPY/SURGERY
29844	5	WRIST ARTHROSCOPY/SURGERY
29845	5	WRIST ARTHROSCOPY/SURGERY
29846	5	WRIST ARTHROSCOPY/SURGERY
29847	5	WRIST ARTHROSCOPY/SURGERY
29848	10	WRIST ENDOSCOPY/SURGERY
29850	6	KNEE ARTHROSCOPY/SURGERY
29851	6	KNEE ARTHROSCOPY/SURGERY
29855	6	TIBIAL ARTHROSCOPY/SURGERY
29856	6	TIBIAL ARTHROSCOPY/SURGERY
29860	6	HIP ARTHROSCOPY, DX
29861	6	HIP ARTHROSCOPY/SURGERY
29862	10	HIP ARTHROSCOPY/SURGERY
29863	6	HIP ARTHROSCOPY/SURGERY
29870	9	KNEE ARTHROSCOPY, DX
29871	5	KNEE ARTHROSCOPY/DRAINAGE
29873 ³	5	KNEE ARTHROSCOPY/SURGERY
29874	5	KNEE ARTHROSCOPY/SURGERY
29875	9	KNEE ARTHROSCOPY/SURGERY
29876	9	KNEE ARTHROSCOPY/SURGERY

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MUSCULOSKELETAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
29877	9	KNEE ARTHROSCOPY/SURGERY
29879	9	KNEE ARTHROSCOPY/SURGERY
29880	9	KNEE ARTHROSCOPY/SURGERY
29881	9	KNEE ARTHROSCOPY/SURGERY
29882	9	KNEE ARTHROSCOPY/SURGERY
29883	5	KNEE ARTHROSCOPY/SURGERY
29884	5	KNEE ARTHROSCOPY/SURGERY
29885	5	KNEE ARTHROSCOPY/SURGERY
29886	5	KNEE ARTHROSCOPY/SURGERY
29887	5	KNEE ARTHROSCOPY/SURGERY
29888	9	KNEE ARTHROSCOPY/SURGERY
29889	5	KNEE ARTHROSCOPY/SURGERY
29891	5	ANKLE ARTHROSCOPY/SURGERY
29892	5	ANKLE ARTHROSCOPY/SURGERY
29893	10	SCOPE, PLANTAR FASCIOTOMY
29894	5	ANKLE ARTHROSCOPY/SURGERY
29895	5	ANKLE ARTHROSCOPY/SURGERY
29897	5	ANKLE ARTHROSCOPY/SURGERY
29898	5	ANKLE ARTHROSCOPY/SURGERY
29899	5	ANKLE ARTHROSCOPY/SURGERY
29900	5	MCP JOINT ARTHROSCOPY, DX
29901	5	MCP JOINT ARTHROSCOPY, SURG
29902	5	MCP JOINT ARTHROSCOPY, SURG

RESPIRATORY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
NOSE		
CPT SUBSECTION: EXCISION		
30115	4	REMOVAL OF NOSE POLYP(S)
30117	5	REMOVAL OF INTRANASAL LESION
30118	5	REMOVAL OF INTRANASAL LESION
30120	3	REVISION OF NOSE
30125	4	REMOVAL OF NOSE LESION
30130	5	REMOVAL OF TURBINATE BONES
30140	5	REMOVAL OF TURBINATE BONES
30150	5	PARTIAL REMOVAL OF NOSE
30160	6	REMOVAL OF NOSE
CPT SUBSECTION: INTRODUCTION		
30220 ³	5	INSERT NASAL SEPTAL BUTTON
CPT SUBSECTION: REMOVAL FOREIGN BODY		
30310	2	REMOVE NASAL FOREIGN BODY
30320	4	REMOVE NASAL FOREIGN BODY

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TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES ON OR AFTER 11/01/2003

RESPIRATORY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR		
30400	6	RECONSTRUCTION OF NOSE
30410	7	RECONSTRUCTION OF NOSE
30420	7	RECONSTRUCTION OF NOSE
30430	5	REVISION OF NOSE
30435	7	REVISION OF NOSE
30450	9	REVISION OF NOSE
30460	9	REVISION OF NOSE
30462	10	REVISION OF NOSE
30465	10	REPAIR NASAL STENOSIS
30520	8	REPAIR OF NASAL SEPTUM
30540	7	REPAIR NASAL DEFECT
30545	7	REPAIR NASAL DEFECT
30560	4	RELEASE OF NASAL ADHESIONS
30580	6	REPAIR UPPER JAW FISTULA
30600	6	REPAIR MOUTH/NOSE FISTULA
30620	9	INTRANASAL RECONSTRUCTION
30630	9	REPAIR NASAL SEPTUM DEFECT
30801	2	CAUTERIZATION, INNER NOSE
30802	2	CAUTERIZATION, INNER NOSE
CPT SUBSECTION: OTHER PROCEDURES		
30903	2	CONTROL OF NOSEBLEED
30905	2	CONTROL OF NOSEBLEED
30906	2	REPEAT CONTROL OF NOSEBLEED
30915	4	LIGATION, NASAL SINUS ARTERY
30920	5	LIGATION, UPPER JAW ARTERY
30930	6	THERAPY FRACTURE OF NOSE
ACCESSORY SINUSES		
CPT SUBSECTION: INCISION		
31020	4	EXPLORATION, MAXILLARY SINUS
31030	5	EXPLORATION, MAXILLARY SINUS
31032	6	EXPLORE SINUS,REMOVE POLYPS
31050	4	EXPLORATION, SPHENOID SINUS
31051	6	SPHENOID SINUS SURGERY
31070	4	EXPLORATION OF FRONTAL SINUS
31075	6	EXPLORATION OF FRONTAL SINUS
31080	6	REMOVAL OF FRONTAL SINUS
31081	6	REMOVAL OF FRONTAL SINUS
31084	6	REMOVAL OF FRONTAL SINUS
31085	6	REMOVAL OF FRONTAL SINUS
31086	6	REMOVAL OF FRONTAL SINUS
31087	6	REMOVAL OF FRONTAL SINUS
31090	7	EXPLORATION OF SINUSES
CPT SUBSECTION: EXCISION		
31200	4	REMOVAL OF ETHMOID SINUS

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RESPIRATORY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
31201	7	REMOVAL OF ETHMOID SINUS
31205	5	REMOVAL OF ETHMOID SINUS
CPT SUBSECTION: ENDOSCOPY		
31233	4	NASAL/SINUS ENDOSCOPY, DX
31235	2	NASAL/SINUS ENDOSCOPY, DX
31237	4	NASAL/SINUS ENDOSCOPY, SURG
31238	2	NASAL/SINUS ENDOSCOPY, SURG
31239	6	NASAL/SINUS ENDOSCOPY, SURG
31240	4	NASAL/SINUS ENDOSCOPY, SURG
31254	9	REVISION OF ETHMOID SINUS
31255	9	REMOVAL OF ETHMOID SINUS
31256	5	EXPLORATION MAXILLARY SINUS
31267	5	ENDOSCOPY, MAXILLARY SINUS
31276	5	SINUS ENDOSCOPY, SURGICAL
31287	5	NASAL/SINUS ENDOSCOPY, SURG
31288	5	NASAL/SINUS ENDOSCOPY, SURG
LARYNX		
CPT SUBSECTION: EXCISION		
31300	7	REMOVAL OF LARYNX LESION
31320	4	DIAGNOSTIC INCISION, LARYNX
31400	4	REVISION OF LARYNX
31420	4	REMOVAL OF EPIGLOTTIS
CPT SUBSECTION: ENDOSCOPY		
31510	4	LARYNGOSCOPY WITH BIOPSY
31511	4	REMOVE FOREIGN BODY, LARYNX
31512	4	REMOVAL OF LARYNX LESION
31513	4	INJECTION INTO VOCAL CORD
31515	2	LARYNGOSCOPY FOR ASPIRATION
31525	2	DIAGNOSTIC LARYNGOSCOPY
31526	4	DIAGNOSTIC LARYNGOSCOPY
31527	2	LARYNGOSCOPY FOR TREATMENT
31528	4	LARYNGOSCOPY AND DILATION
31529	4	LARYNGOSCOPY AND DILATION
31530	4	OPERATIVE LARYNGOSCOPY
31531	5	OPERATIVE LARYNGOSCOPY
31535	4	OPERATIVE LARYNGOSCOPY
31536	5	OPERATIVE LARYNGOSCOPY
31540	5	OPERATIVE LARYNGOSCOPY
31541	7	OPERATIVE LARYNGOSCOPY
31545 ³	6	REMOVE VC LESION W/SCOPE
31546 ³	6	REMOVE VC LESION SCOPE/GRAFT
31560	7	OPERATIVE LARYNGOSCOPY
31561	7	OPERATIVE LARYNGOSCOPY
31570	4	LARYNGOSCOPY WITH INJECTION
31571	4	LARYNGOSCOPY WITH INJECTION

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RESPIRATORY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
31576	4	LARYNGOSCOPY WITH BIOPSY
31577	4	REMOVE FOREIGN BODY, LARYNX
31578	4	REMOVAL OF LARYNX LESION
31580	7	REVISION OF LARYNX
31582	7	REVISION OF LARYNX
31585 ⁶	2	TREAT LARYNX FRACTURE
31586 ⁶	4	TREAT LARYNX FRACTURE
31588	7	REVISION OF LARYNX
31590	7	REINNERVATE LARYNX
CPT SUBSECTION: DESTRUCTION		
31595	4	LARYNX NERVE SURGERY
TRACHEA AND BRONCHI		
CPT SUBSECTION: INCISION		
31603 ³	2	INCISION OF WINDPIPE
31611	5	SURGERY/SPEECH PROSTHESIS
31612	2	PUNCTURE/CLEAR WINDPIPE
31613	4	REPAIR WINDPIPE OPENING
31614	4	REPAIR WINDPIPE OPENING
CPT SUBSECTION: ENDOSCOPY		
31615	2	VISUALIZATION OF WINDPIPE
31620 ⁷	2	ENDOBONCHIAL US ADD-ON
31622	3	DX BRONCHOSCOPE/WASH
31623	4	DX BRONCHOSCOPE/BRUSH
31624	4	DX BRONCHOSCOPE/LAVAGE
31625	4	BRONCHOSCOPY WITH BIOPSY
31628	3	BRONCHOSCOPY WITH BIOPSY
31629	4	BRONCHOSCOPY WITH BIOPSY
31630	4	BRONCHOSCOPY WITH REPAIR
31631	4	BRONCHOSCOPY WITH DILATION
31635	4	REMOVE FOREIGN BODY, AIRWAY
31636 ³	4	BRONCHOSCOPY, BRONCH STENTS
31637 ³	2	BRONCHOSCOPY, STENT ADD-ON
31638 ³	4	BRONCHOSCOPY, REVISE STENT
31640	4	BRONCHOSCOPY & REMOVE LESION
31641	4	BRONCHOSCOPY, TREAT BLOCKAGE
31643	4	DIAG BRONCHOSCOPE/CATHETER
31645	2	BRONCHOSCOPY, CLEAR AIRWAYS
31646	2	BRONCHOSCOPY, RECLEAR AIRWAY
31656	2	BRONCHOSCOPY, INJ FOR XRAY
CPT SUBSECTION: INTRODUCTION		
31700 ⁸	2	INSERTION OF AIRWAY CATHETER
31717	2	BRONCHIAL BRUSH BIOPSY
31720	2	CLEARANCE OF AIRWAYS
31730	2	INTRO, WINDPIPE WIRE/TUBE

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RESPIRATORY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR		
31750	7	REPAIR OF WINDPIPE
31755	4	REPAIR OF WINDPIPE
CPT SUBSECTION: SUTURE		
31820	2	CLOSURE OF WINDPIPE LESION
31825	4	REPAIR OF WINDPIPE DEFECT
31830	4	REVISE WINDPIPE SCAR
LUNGS AND PLEURA		
CPT SUBSECTION: INCISION		
32000	1	DRAINAGE OF CHEST
CPT SUBSECTION: EXCISION		
32400	2	NEEDLE BIOPSY CHEST LINING
32405	1	BIOPSY, LUNG OR MEDIASTINUM
32420	2	PUNCTURE/CLEAR LUNG

CARDIOVASCULAR SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
HEART AND PERICARDIUM		
CPT SUBSECTION: PERICARDIUM		
33010	4	DRAINAGE OF HEART SAC
33011	4	REPEAT DRAINAGE OF HEART SAC
CPT SUBSECTION: PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR		
33212 ³	5	INSERTION OF PULSE GENERATOR
33213 ³	5	INSERTION OF PULSE GENERATOR
33222	4	REVISE POCKET, PACEMAKER
33223	4	REVISE POCKET, PACING-DEFIB
33233 ³	4	REMOVAL OF PACEMAKER SYSTEM
ARTERIES AND VEINS		
CPT SUBSECTION: REPAIR ARTERIOVENOUS FISTULA		
35188	6	REPAIR BLOOD VESSEL LESION
CPT SUBSECTION: REPAIR BLOOD VESSEL OTHER THAN FOR FISTULA, WITH OR WITHOUT PATCH ANGIOPLASTY		
35207	6	REPAIR BLOOD VESSEL LESION
CPT SUBSECTION: EXPLORATION/REVISION		
35875	10	REMOVAL OF CLOT IN GRAFT
35876	10	REMOVAL OF CLOT IN GRAFT
CPT SUBSECTION: INTRA-ARTERIAL-INTRA-AORTIC		
36260	5	INSERTION OF INFUSION PUMP
36261	4	REVISION OF INFUSION PUMP
36262	2	REMOVAL OF INFUSION PUMP

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CARDIOVASCULAR SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: VENOUS		
36475 ³	10	ENDOVENOUS RF, 1ST VEIN
36476 ³	10	ENDOVENOUS RF, VEIN ADD-ON
36478 ³	10	ENDOVENOUS LASER, 1ST VEIN
36479 ³	10	ENDOVENOUS LASER VEIN ADDON
36488 ²	2	INSERTION OF CATHETER, VEIN
36489 ²	2	INSERTION OF CATHETER, VEIN
36490 ²	2	INSERTION OF CATHETER, VEIN
36491 ²	2	INSERTION OF CATHETER, VEIN
36530 ²	5	INSERTION OF INFUSION PUMP
36531 ²	4	REVISION OF INFUSION PUMP
36532 ²	2	REMOVAL OF INFUSION PUMP
36533 ²	6	INSERTION OF ACCESS DEVICE
36534 ²	4	REVISION OF ACCESS DEVICE
36535 ²	3	REMOVAL OF ACCESS DEVICE
36555 ¹	2	INSERT NON-TUNNEL CV CATH
36556 ¹	2	INSERT NON-TUNNEL CV CATH
36557 ¹	5	INSERT TUNNELED CV CATH
36558 ¹	5	INSERT TUNNELED CV CATH
36560 ¹	6	INSERT TUNNELED CV CATH
36561 ¹	6	INSERT TUNNELED CV CATH
36563 ¹	6	INSERT TUNNELED CV CATH
36565 ¹	6	INSERT TUNNELED CV CATH
36566 ¹	6	INSERT TUNNELED CV CATH
36568 ¹	2	INSERT TUNNELED CV CATH
36569 ¹	2	INSERT TUNNELED CV CATH
36570 ¹	6	INSERT TUNNELED CV CATH
36571 ¹	6	INSERT TUNNELED CV CATH
36575 ¹	4	REPAIR TUNNELED CV CATH
36576 ¹	4	REPAIR TUNNELED CV CATH
36578 ¹	4	REPLACE TUNNELED CV CATH
36580 ¹	2	REPLACE TUNNELED CV CATH
36581 ¹	4	REPLACE TUNNELED CV CATH
36582 ¹	5	REPLACE TUNNELED CV CATH
36583 ¹	5	REPLACE TUNNELED CV CATH
36584 ¹	2	REPLACE TUNNELED CV CATH
36585 ¹	5	REPLACE TUNNELED CV CATH
36589 ¹	2	REMOVAL TUNNELED CV CATH
36590 ¹	2	REMOVAL TUNNELED CV CATH
CPT SUBSECTION: ARTERIAL		
36640	2	INSERTION CATHETER, ARTERY
CPT SUBSECTION: INTERVASCULAR CANNULIZATION OR SHUNT (SEPARATE PROCEDURE)		
36800	5	INSERTION OF CANNULA
36810	5	INSERTION OF CANNULA
36815	5	INSERTION OF CANNULA

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CARDIOVASCULAR SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
36818 ⁷	5	AV FUSE, UPPR ARM, CEPHALIC
36819	5	AV FUSION/UPPR ARM VEIN
36820	5	AV FUSION/FOREARM VEIN
36821	5	AV FUSION DIRECT ANY SITE
36825	6	ARTERY-VEIN GRAFT
36830	6	ARTERY-VEIN GRAFT
36831	10	OPEN THROMBECT AV FISTULA
36832	6	AV FISTULA REVISION, OPEN
36833	6	AV FISTULA REVISION
36834 ³	5	REPAIR A-V ANEURYSM
36835	6	ARTERY TO VEIN SHUNT
36860	4	EXTERNAL CANNULA DECLOTTING
36861	5	CANNULA DECLOTTING
36870	10	PERCUT THROMBECT AV FISTULA

CPT SUBSECTION: LIGATION AND OTHER PROCEDURES

37500 ³	5	ENDOSCOPY LIGATE PERF VEINS
37607	5	LIGATION OF A-V FISTULA
37609	4	TEMPORAL ARTERY PROCEDURE
37650	4	REVISION OF MAJOR VEIN
37700	4	REVISE LEG VEIN
37718 ⁵	5	LIGATE/STRIP SHORT LEG VEIN
37720 ⁶	9	REMOVAL OF LEG VEIN
37722 ⁵	5	LIGATE/STRIP LONG LEG VEIN
37730 ⁶	5	REMOVAL OF LEG VEINS
37735	5	REMOVAL OF LEG VEINS/LESION
37760	5	REVISION OF LEG VEINS
37780	5	REVISION OF LEG VEIN
37785	5	REVISE SECONDARY VARICOSITY
37790	5	PENILE VENOUS OCCLUSION

HEMIC AND LYMPHATIC SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
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NODES AND LYMPHATIC CHANNELS

CPT SUBSECTION: INCISION

38300	2	DRAINAGE, LYMPH NODE LESION
38305	4	DRAINAGE, LYMPH NODE LESION
38308	4	INCISION OF LYMPH CHANNELS

CPT SUBSECTION: EXCISION

38500	6	BIOPSY/REMOVAL, LYMPH NODES
38505	2	NEEDLE BIOPSY, LYMPH NODES
38510	8	BIOPSY/REMOVAL, LYMPH NODES
38520	4	BIOPSY/REMOVAL, LYMPH NODES
38525	7	BIOPSY/REMOVAL, LYMPH NODES
38530	4	BIOPSY/REMOVAL, LYMPH NODES

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HEMIC AND LYMPHATIC SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
38542	4	EXPLORE DEEP NODE(S), NECK
38550	5	REMOVAL, NECK/ARMPIT LESION
38555	6	REMOVAL, NECK/ARMPIT LESION
CPT SUBSECTION: LAPAROSCOPY		
38570	10	LAPAROSCOPY, LYMPH NODE BIOP
38571	10	LAPAROSCOPY, LYMPHADENECTOMY
38572	10	LAPAROSCOPY, LYMPHADENECTOMY
CPT SUBSECTION: RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)		
38740	4	REMOVE ARMPIT LYMPH NODES
38745	6	REMOVE ARMPIT LYMPH NODES
38760	4	REMOVE GROIN LYMPH NODES

DIGESTIVE SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
LIPS		
CPT SUBSECTION: EXCISION		
40500	4	PARTIAL EXCISION OF LIP
40510	4	PARTIAL EXCISION OF LIP
40520	4	PARTIAL EXCISION OF LIP
40525	4	RECONSTRUCT LIP WITH FLAP
40527	4	RECONSTRUCT LIP WITH FLAP
40530	4	PARTIAL REMOVAL OF LIP
CPT SUBSECTION: REPAIR (CHEILOPLASTY)		
40650	5	REPAIR LIP
40652	5	REPAIR LIP
40654	5	REPAIR LIP
40700	9	REPAIR CLEFT LIP/NASAL
40701	9	REPAIR CLEFT LIP/NASAL
40720	9	REPAIR CLEFT LIP/NASAL
40761	5	REPAIR CLEFT LIP/NASAL
VESTIBULE OF MOUTH		
CPT SUBSECTION: INCISION		
40801	4	DRAINAGE OF MOUTH LESION
CPT SUBSECTION: EXCISION, DESTRUCTION		
40814	4	EXCISE/REPAIR MOUTH LESION
40816	4	EXCISION OF MOUTH LESION
40818	2	EXCISE ORAL MUCOSA FOR GRAFT
40819	2	EXCISE LIP OR CHEEK FOLD
CPT SUBSECTION: REPAIR		
40831	2	REPAIR MOUTH LACERATION
40840	4	RECONSTRUCTION OF MOUTH

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
40842	5	RECONSTRUCTION OF MOUTH
40843	5	RECONSTRUCTION OF MOUTH
40844	7	RECONSTRUCTION OF MOUTH
40845	7	RECONSTRUCTION OF MOUTH
TONGUE, FLOOR OF MOUTH		
CPT SUBSECTION: INCISION		
41005	2	DRAINAGE OF MOUTH LESION
41006	2	DRAINAGE OF MOUTH LESION
41007	2	DRAINAGE OF MOUTH LESION
41008	2	DRAINAGE OF MOUTH LESION
41009	2	DRAINAGE OF MOUTH LESION
41010	2	INCISION OF TONGUE FOLD
41015	2	DRAINAGE OF MOUTH LESION
41016	2	DRAINAGE OF MOUTH LESION
41017	2	DRAINAGE OF MOUTH LESION
41018	2	DRAINAGE OF MOUTH LESION
CPT SUBSECTION: EXCISION		
41112	4	EXCISION OF TONGUE LESION
41113	4	EXCISION OF TONGUE LESION
41114	4	EXCISION OF TONGUE LESION
41116	2	EXCISION OF MOUTH LESION
41120	7	PARTIAL REMOVAL OF TONGUE
CPT SUBSECTION: REPAIR		
41250	4	REPAIR TONGUE LACERATION
41251	4	REPAIR TONGUE LACERATION
41252	4	REPAIR TONGUE LACERATION
CPT SUBSECTION: OTHER PROCEDURES		
41500	2	FIXATION OF TONGUE
41510	2	TONGUE TO LIP SURGERY
41520	4	RECONSTRUCTION, TONGUE FOLD
DENTOALVEOLAR STRUCTURES		
CPT SUBSECTION: INCISION		
41800	2	DRAINAGE OF GUM LESION
CPT SUBSECTION: EXCISION, DESTRUCTION		
41827	4	EXCISION OF GUM LESION
PALATE, UVULA		
CPT SUBSECTION: INCISION		
42000	4	DRAINAGE MOUTH ROOF LESION
CPT SUBSECTION: EXCISION, DESTRUCTION		
42107	4	EXCISION LESION, MOUTH ROOF
42120	6	REMOVE PALATE/LESION
42140	4	EXCISION OF UVULA
42145	9	REPAIR PALATE, PHARYNX/UVULA

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR		
42180	2	REPAIR PALATE
42182	4	REPAIR PALATE
42200	7	RECONSTRUCT CLEFT PALATE
42205	7	RECONSTRUCT CLEFT PALATE
42210	7	RECONSTRUCT CLEFT PALATE
42215	9	RECONSTRUCT CLEFT PALATE
42220	7	RECONSTRUCT CLEFT PALATE
42226	7	LENGTHENING OF PALATE
42235	7	REPAIR PALATE
42260	6	REPAIR NOSE TO LIP FISTULA
SALIVARY GLAND AND DUCTS		
CPT SUBSECTION: INCISION		
42300	2	DRAINAGE OF SALIVARY GLAND
42305	4	DRAINAGE OF SALIVARY GLAND
42310	2	DRAINAGE OF SALIVARY GLAND
42320	2	DRAINAGE OF SALIVARY GLAND
42325 ⁶	4	CREATE SALIVARY CYST DRAIN
42340	4	REMOVAL OF SALIVARY STONE
CPT SUBSECTION: EXCISION		
42405	4	BIOPSY OF SALIVARY GLAND
42408	5	EXCISION OF SALIVARY CYST
42409	5	DRAINAGE OF SALIVARY CYST
42410	5	EXCISE PAROTID GLAND/LESION
42415	9	EXCISE PAROTID GLAND/LESION
42420	9	EXCISE PAROTID GLAND/LESION
42425	9	EXCISE PAROTID GLAND/LESION
42440	5	EXCISE SUBMAXILLARY GLAND
42450	4	EXCISE SUBLINGUAL GLAND
CPT SUBSECTION: REPAIR		
42500	5	REPAIR SALIVARY DUCT
42505	6	REPAIR SALIVARY DUCT
42507	5	PAROTID DUCT DIVERSION
42508	6	PAROTID DUCT DIVERSION
42509	6	PAROTID DUCT DIVERSION
42510	6	PAROTID DUCT DIVERSION
CPT SUBSECTION: OTHER PROCEDURES		
42600	2	CLOSURE OF SALIVARY FISTULA
42665 ³	9	LIGATION OF SALIVARY DUCT
PHARYNX, ADENOIDS, AND TONSILS		
CPT SUBSECTION: INCISION		
42700	2	DRAINAGE OF TONSIL ABSCESS
42720	2	DRAINAGE OF THROAT ABSCESS
42725	4	DRAINAGE OF THROAT ABSCESS

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: EXCISION, DESTRUCTION		
42802	2	BIOPSY OF THROAT
42804	2	BIOPSY OF UPPER NOSE/THROAT
42806	4	BIOPSY OF UPPER NOSE/THROAT
42808	4	EXCISE PHARYNX LESION
42810	5	EXCISION OF NECK CYST
42815	7	EXCISION OF NECK CYST
42820	6	REMOVE TONSILS AND ADENOIDS
42821	7	REMOVE TONSILS AND ADENOIDS
42825	7	REMOVAL OF TONSILS
42826	7	REMOVAL OF TONSILS
42830	5	REMOVAL OF ADENOIDS
42831	6	REMOVAL OF ADENOIDS
42835	6	REMOVAL OF ADENOIDS
42836	6	REMOVAL OF ADENOIDS
42860	5	EXCISION OF TONSIL TAGS
42870	5	EXCISION OF LINGUAL TONSIL
42890	9	PARTIAL REMOVAL OF PHARYNX
42892	9	REVISION OF PHARYNGEAL WALLS
CPT SUBSECTION: REPAIR		
42900	2	REPAIR THROAT WOUND
42950	4	RECONSTRUCTION OF THROAT
CPT SUBSECTION: OTHER PROCEDURES		
42955	4	SURGICAL OPENING OF THROAT
42960	2	CONTROL THROAT BLEEDING
42962	4	CONTROL THROAT BLEEDING
42972	5	CONTROL NOSE/THROAT BLEEDING
ESOPHAGUS		
CPT SUBSECTION: ENDOSCOPY		
43200	2	ESOPHAGUS ENDOSCOPY
43201	2	ESOPH SCOPE W/ SUBMUCOUS INJ
43202	2	ESOPHAGUS ENDOSCOPY, BIOPSY
43204	2	ESOPHAGUS ENDOSCOPY & INJECT
43205	2	ESOPHAGUS ENDOSCOPY/LIGATION
43215	2	ESOPHAGUS ENDOSCOPY
43216	2	ESOPHAGUS ENDOSCOPY/LESION
43217	2	ESOPHAGUS ENDOSCOPY
43219	2	ESOPHAGUS ENDOSCOPY
43220	2	ESOPH ENDOSCOPY, DILATION
43226	2	ESOPH ENDOSCOPY, DILATION
43227	4	ESOPH ENDOSCOPY, REPAIR
43228	4	ESOPH ENDOSCOPY, ABLATION
43231	4	ESOPH ENDOSCOPY W/ US EXAM
43232	4	ESOPH ENDOSCOPY W/ US FN BX
43234	2	UPPER GI ENDOSCOPY, EXAM

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
43235	2	UPPR GI ENDOSCOPY, DIAGNOSIS
43236	4	UPPR GI SCOPY W/ SUBMUC INJ
43237 ³	4	ENDOSCOPIC US EXAM, ESOPH
43238 ³	4	UPPR GI ENDOSCOPY W/US FN BX
43239	3	UPPER GI ENDOSCOPY, BIOPSY
43240	4	ESOPH ENDOSCOPE W/ DRAIN CYST
43241	4	UPPER GI ENDOSCOPY WITH TUBE
43242	4	UPPR GI ENDOSCOPY W/ US FN BX
43243	4	UPPER GI ENDOSCOPY & INJECT
43244	4	UPPER GI ENDOSCOPY/LIGATION
43245	4	OPERATIVE UPPER GI ENDOSCOPY
43246	4	PLACE GASTROSTOMY TUBE
43247	3	OPERATIVE UPPER GI ENDOSCOPY
43248	3	UPPR GI ENDOSCOPY/GUIDE WIRE
43249	3	ESOPH ENDOSCOPY, DILATION
43250	3	UPPER GI ENDOSCOPY/TUMOR
43251	3	OPERATIVE UPPER GI ENDOSCOPY
43255	4	OPERATIVE UPPER GI ENDOSCOPY
43256	5	UPPR GI ENDOSCOPY W STENT
43257 ⁷	5	UPPR GI SCOPE W/THRML TXMNT
43258	5	OPERATIVE UPPER GI ENDOSCOPY
43259	4	ENDOSCOPIC ULTRASOUND EXAM
43260	5	ENDO CHOLANGIOPANCREATOGRAPH
43261	4	ENDO CHOLANGIOPANCREATOGRAPH
43262	4	ENDO CHOLANGIOPANCREATOGRAPH
43263	4	ENDO CHOLANGIOPANCREATOGRAPH
43264	4	ENDO CHOLANGIOPANCREATOGRAPH
43265	4	ENDO CHOLANGIOPANCREATOGRAPH
43267	4	ENDO CHOLANGIOPANCREATOGRAPH
43268	4	ENDO CHOLANGIOPANCREATOGRAPH
43269	4	ENDO CHOLANGIOPANCREATOGRAPH
43271	4	ENDO CHOLANGIOPANCREATOGRAPH
43272	4	ENDO CHOLANGIOPANCREATOGRAPH
CPT SUBSECTION: MANIPULATION		
43450	3	DILATE ESOPHAGUS
43453	2	DILATE ESOPHAGUS
43456	4	DILATE ESOPHAGUS
43458	4	DILATE ESOPHAGUS
STOMACH		
CPT SUBSECTION: EXCISION		
43600	2	BIOPSY OF STOMACH
CPT SUBSECTION: LAPAROSCOPY		
43653	10	LAPAROSCOPY, GASTROSTOMY
CPT SUBSECTION: INTRODUCTION		
43750	4	PLACE GASTROSTOMY TUBE

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
43760	1	CHANGE GASTROSTOMY TUBE
43761 ⁷	2	REPOSITION GASTROSTOMY TUBE
CPT SUBSECTION: SUTURE		
43870	2	REPAIR STOMACH OPENING
INTESTINES (EXCEPT RECTUM)		
CPT SUBSECTION: EXCISION		
44100	2	BIOPSY OF BOWEL
CPT SUBSECTION: ENTEROSTOMY - EXTERNAL FISTULIZATION OF INTESTINES		
44312	2	REVISION OF ILEOSTOMY
44340	5	REVISION OF COLOSTOMY
CPT SUBSECTION: ENDOSCOPY, SMALL BOWEL AND STOMAL		
44360	4	SMALL BOWEL ENDOSCOPY
44361	4	SMALL BOWEL ENDOSCOPY/BIOPSY
44363	4	SMALL BOWEL ENDOSCOPY
44364	4	SMALL BOWEL ENDOSCOPY
44365	4	SMALL BOWEL ENDOSCOPY
44366	4	SMALL BOWEL ENDOSCOPY
44369	4	SMALL BOWEL ENDOSCOPY
44370	10	SMALL BOWEL ENDOSCOPY/STENT
44372	4	SMALL BOWEL ENDOSCOPY
44373	4	SMALL BOWEL ENDOSCOPY
44376	4	SMALL BOWEL ENDOSCOPY
44377	4	SMALL BOWEL ENDOSCOPY/BIOPSY
44378	4	SMALL BOWEL ENDOSCOPY
44379	10	S BOWEL ENDOSCOPE W/ STENT
44380	2	SMALL BOWEL ENDOSCOPY
44382	2	SMALL BOWEL ENDOSCOPY
44383	10	ILEOSCOPY W/ STENT
44385	2	ILEOSCOPY W/STENT
44386	2	ENDOSCOPY, BOWEL POUCH/BIOP
44388	2	COLON ENDOSCOPY
44389	2	COLONOSCOPY WITH BIOPSY
44390	2	COLONOSCOPY FOR FOREIGN BODY
44391	2	COLONOSCOPY FOR BLEEDING
44392	2	COLONOSCOPY & POLYPECTOMY
44393	2	COLONOSCOPY, LESION REMOVAL
44394	2	COLONOSCOPY W/SNARE
44397 ³	2	COLONOSCOPY W/STENT
RECTUM		
CPT SUBSECTION: INCISION		
45000	2	DRAINAGE OF PELVIC ABSCESS
45005	4	DRAINAGE OF RECTAL ABSCESS
45020	4	DRAINAGE OF RECTAL ABSCESS

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: EXCISION		
45100	2	BIOPSY OF RECTUM
45108	4	REMOVAL OF ANORECTAL LESION
45150	4	EXCISION OF RECTAL STRICTURE
45160	4	EXCISION OF RECTAL LESION
45170	4	EXCISION OF RECTAL LESION
CPT SUBSECTION: DESTRUCTION		
45190	10	DESTRUCTION, RECTAL TUMOR
CPT SUBSECTION: ENDOSCOPY		
45305	2	PROTOSIGMOIDOSCOPY W/BX
45307	2	PROTOSIGMOIDOSCOPY FB
45308	2	PROTOSIGMOIDOSCOPY REMOVAL
45309	2	PROTOSIGMOIDOSCOPY REMOVAL
45315	2	PROTOSIGMOIDOSCOPY REMOVAL
45317	2	PROTOSIGMOIDOSCOPY BLEED
45320	2	PROTOSIGMOIDOSCOPY ABLATE
45321	2	PROTOSIGMOIDOSCOPY VOLVUL
45327 ³	2	PROCTOSIGMOIDOSCOPY W/STENT
45331	1	SIGMOIDOSCOPY AND BIOPSY
45332	2	SIGMOIDOSCOPY W/FB REMOVAL
45333	2	SIGMOIDOSCOPY & POLYPECTOMY
45334	2	SIGMOIDOSCOPY FOR BLEEDING
45335	2	SIGMOIDOSCOPE W/SUBMUB INJ
45337	2	SIGMOIDOSCOPY & DECOMPRESS
45338	2	SIGMOIDOSCPY W/TUMR REMOVE
45339	2	SIGMOIDOSCOPY W/ABLATE TUMR
45340	2	SIG W/BALLOON DILATION
45341 ³	2	SIGMOIDOSCOPY W/ULTRASOUND
45342 ³	2	SIGMOIDOSCOPY W/US GUIDE BX
45345 ³	2	SIGMOIDOSCOPY W/STENT
45355	2	SURGICAL COLONOSCOPY
45378	3	DIAGNOSTIC COLONOSCOPY
45379	4	COLONOSCOPY W/FB REMOVAL
45380	4	COLONOSCOPY AND BIOPSY
45381	4	COLONOSCOPE, SUBMUCOUS INJ
45382	4	COLONOSCOPY/CONTROL BLEEDING
45383	4	LESION REMOVAL COLONOSCOPY
45384	4	LESION REMOVE COLONOSCOPY
45385	4	LESION REMOVAL COLONOSCOPY
45386	4	COLONOSCOPE DILATE STRICTURE
45387 ³	2	COLONOSCOPY W/STENT
45391 ³	4	COLONOSCOPY W/ENDOSCOPE US
45392 ³	4	COLONOSCOPY W/ENDOSCOPIC FNB
CPT SUBSECTION: REPAIR		
45500	4	REPAIR OF RECTUM

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
45505	4	REPAIR OF RECTUM
45560	4	REPAIR OF RECTOCELE
CPT SUBSECTION: MANIPULATION		
45900	2	REDUCTION OF RECTAL PROLAPSE
45905	2	DILATION OF ANAL SPHINCTER
45910	2	DILATION OF RECTAL NARROWING
45915	2	REMOVE RECTAL OBSTRUCTION
45990 ⁵	4	SURG DX EXAM, ANORECTAL
ANUS		
CPT SUBSECTION: INCISION		
46020	5	PLACEMENT OF SETON
46030	2	REMOVAL OF RECTAL MARKER
46040	5	INCISION OF RECTAL ABSCESS
46045	4	INCISION OF RECTAL ABSCESS
46050	2	INCISION OF ANAL ABSCESS
46060	4	INCISION OF RECTAL ABSCESS
46080	5	INCISION OF ANAL SPHINCTER
CPT SUBSECTION: EXCISION		
46200	4	REMOVAL OF ANAL FISSURE
46210	4	REMOVAL OF ANAL CRYPT
46211	4	REMOVAL OF ANAL CRYPTS
46220	2	REMOVAL OF ANAL TAB
46230 ³	2	REMOVAL OF ANAL TAGS
46250	5	HEMORRHOIDECTOMY
46255	7	HEMORRHOIDECTOMY
46257	5	REMOVE HEMORRHOIDS & FISSURE
46258	5	REMOVE HEMORRHOIDS & FISTULA
46260	9	HEMORRHOIDECTOMY
46261	6	REMOVE HEMORRHOIDS & FISSURE
46262	6	REMOVE HEMORRHOIDS & FISTULA
46270	7	REMOVAL OF ANAL FISTULA
46275	5	REMOVAL OF ANAL FISTULA
46280	6	REMOVAL OF ANAL FISTULA
46285	2	REMOVAL OF ANAL FISTULA
46288	6	REPAIR ANAL FISTULA
CPT SUBSECTION: ENDOSCOPY		
46608	2	ANOSCOPY/ REMOVE FOR BODY
46610	2	ANOSCOPY/REMOVE LESION
46611	2	ANOSCOPY
46612	2	ANOSCOPY/ REMOVE LESIONS
46615	4	ANOSCOPY
CPT SUBSECTION: REPAIR		
46700	5	REPAIR OF ANAL STRICTURE
46706 ³	2	REPR OF ANAL FISTULA W/GLUE
46750	5	REPAIR OF ANAL SPHINCTER

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
46753	5	RECONSTRUCTION OF ANUS
46754	4	REMOVAL OF SUTURE FROM ANUS
46760	4	REPAIR OF ANAL SPHINCTER
46761	5	REPAIR OF ANAL SPHINCTER
46762	9	IMPLANT ARTIFICIAL SPHINCTER
CPT SUBSECTION: DESTRUCTION		
46917	2	LASER SURGERY, ANAL LESIONS
CPT SUBSECTION: DESTRUCTION		
46922	2	EXCISION OF ANAL LESION(S)
46924	2	DESTRUCTION, ANAL LESION(S)
46937	4	CRYOTHERAPY OF RECTAL LESION
46938	4	CRYOTHERAPY OF RECTAL LESION
CPT SUBSECTION: SUTURE		
46946 ⁷	2	LIGATION OF HEMORRHOIDS
46947 ³	9	HEMORRHOIDOPEXY BY STAPLING
LIVER		
CPT SUBSECTION: INCISION		
47000	1	NEEDLE BIOPSY OF LIVER
49402 ⁷	4	REMOVE FOREIGN BODY, ADBOMEN
BILIARY TRACT		
CPT SUBSECTION: INTRODUCTION		
47510	4	INSERT CATHETER, BILE DUCT
47511	10	INSERT BILE DUCT DRAIN
47525	2	CHANGE BILE DUCT CATHETER
47530	2	REVISE/REINSERT BILE TUBE
CPT SUBSECTION: ENDOSCOPY		
47552	4	BILIARY ENDOSCOPY THRU SKIN
47553	5	BILIARY ENDOSCOPY THRU SKIN
47554	5	BILIARY ENDOSCOPY THRU SKIN
47555	5	BILIARY ENDOSCOPY THRU SKIN
47556	10	BILIARY ENDOSCOPY THRU SKIN
CPT SUBSECTION: LAPAROSCOPY		
47560	5	LAPAROSCOPY W/CHOLANGIO
47561	5	LAPARO W/CHOLANGIO/BIOPSY
CPT SUBSECTION: EXCISION		
47630	5	REMOVE BILE DUCT STONE
PANCREAS		
CPT SUBSECTION: EXCISION		
48102	2	NEEDLE BIOPSY, PANCREAS
ABDOMEN, PERITONEUM, AND OMENTUM		
CPT SUBSECTION: INCISION		
49080	1	PUNCTURE, PERITONEAL CAVITY
49081	4	REMOVAL OF ABDOMINAL FLUID

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DIGESTIVE SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
49085 ⁸	4	REMOVE ABDOMEN FOREIGN BODY
CPT SUBSECTION: EXCISION AND DESTRUCTION		
49180	2	BIOPSY, ABDOMINAL MASS
49250	6	EXCISION OF UMBILICUS
CPT SUBSECTION: LAPAROSCOPY		
49320	8	DIAG LAPARO SEPARATE PROC
49321	6	LAPAROSCOPY, BIOPSY
49322	9	LAPAROSCOPY, ASPIRATION
CPT SUBSECTION: INTRODUCTION AND REVISION		
49419 ³	2	INSRT ABDOM CATH FOR CHEMOTX
49420	2	INSERT ABDOMINAL DRAIN
49421	2	INSERT ABDOMINAL DRAIN
49422	2	REMOVE PERM CANNULA/CATHETER
49426	4	REVISE ABDOMEN-VENOUS SHUNT
CPT SUBSECTION: HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY		
49495	6	RPR ING HERNIA BABY, REDUC
49496	6	RPR ING HERNIA BABY, BLOCKED
49500	7	RPR ING HERNIA, INIT, REDUCE
49501	10	RPR ING HERNIA, INIT BLOCKED
49505	9	RPR I/HERN INIT REDUC > 5 YR
49507	10	RPR I/HERN INIT BLOCK > 5 YR
49520	9	REREPAIR ING HERNIA, REDUCE
49521	10	REREPAIR ING HERNIA, BLOCKED
49525	6	REPAIR ING HERNIA, SLIDING
49540	4	REPAIR LUMBAR HERNIA
49550	7	RPR FEM HERNIA, INIT, REDUCE
49553	10	RPR FEM HERNIA, INIT BLOCKED
49555	7	REREPAIR FEM HERNIA, REDUCE
49557	10	REREPAIR FEM HERNIA, BLOCKED
49560	9	RPR VENTRAL HERN INIT, REDUC
49561	10	RPR VENTRAL HERN INIT, BLOCK
49565	6	REREPAIR VENTRL HERN, REDUCE
49566	10	REREPAIR VENTRL HERN, BLOCK
49568	9	HERNIA REPAIR W/MESH
49570	6	RPR EPIGASTRIC HERN, REDUCE
49572	10	RPR EPIGASTRIC HERN, BLOCK
49580	6	RPR UMBIL HERN, REDUC < 5 YR
49582	10	RPR UMBIL HERN, BLOCK < 5 YR
49585	8	RPR UMBIL HERN, REDUC > 5 YR
49587	10	RPR UMBIL HERN, BLOCK > 5 YR
49590	5	REPAIR SPIGELIAN HERNIA
49600	6	REPAIR UMBILICAL LESION
CPT SUBSECTION: LAPAROSCOPY		
49650	10	LAPARO HERNIA REPAIR INITIAL
49651	9	LAPARO HERNIA REPAIR RECUR

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URINARY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
KIDNEY		
CPT SUBSECTION: EXCISION		
50200	2	BIOPSY OF KIDNEY
CPT SUBSECTION: INTRODUCTION		
50390	2	DRAINAGE OF KIDNEY LESION
50392	2	INSERT KIDNEY DRAIN
50393	2	INSERT URETERAL TUBE
50395	2	CREATE PASSAGE TO KIDNEY
50396	2	MEASURE KIDNEY PRESSURE
50398	2	CHANGE KIDNEY TUBE
CPT SUBSECTION: ENDOSCOPY		
50551	2	KIDNEY ENDOSCOPY
50553	2	KIDNEY ENDOSCOPY
50555	2	KIDNEY ENDOSCOPY & BIOPSY
50557	2	KIDNEY ENDOSCOPY & TREATMENT
50559 ⁴	2	RENAL ENDOSCOPY/RADIOTRACER
50561	2	KIDNEY ENDOSCOPY & TREATMENT
CPT SUBSECTION: OTHER PROCEDURES		
50590	11	FRAGMENTING OF KIDNEY STONE
URETER		
CPT SUBSECTION: INTRODUCTION		
50688	2	CHANGE OF URETER TUBE
CPT SUBSECTION: LAPAROSCOPY		
50947	10	LAPARO NEW URETER/BLADDER
50948	10	LAPARO NEW URETER/BLADDER
CPT SUBSECTION: ENDOSCOPY		
50951	2	ENDOSCOPY OF URETER
50953	2	ENDOSCOPY OF URETER
50955	2	URETER ENDOSCOPY & BIOPSY
50957	2	URETER ENDOSCOPY & TREATMENT
50959 ⁴	2	URETER ENDOSCOPY & TRACER
50961	2	URETER ENDOSCOPY & TREATMENT
50970	2	URETER ENDOSCOPY
50972	2	URETER ENDOSCOPY & CATHETER
50974	2	URETER ENDOSCOPY & BIOPSY
50976	2	URETER ENDOSCOPY & TREATMENT
50978 ⁴	2	URETER ENDOSCOPY & TRACER
50980	2	URETER ENDOSCOPY & TREATMENT
BLADDER		
CPT SUBSECTION: INCISION		
51010	2	DRAINAGE OF BLADDER
51020	6	INCISE & TREAT BLADDER
51030	6	INCISE & TREAT BLADDER

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
51040	6	INCISE & DRAIN BLADDER
51045	6	INCISE BLADDER/DRAIN URETER
51050	6	REMOVAL OF BLADDER STONE
51065	6	REMOVE URETER CALCULUS
51080	2	DRAINAGE OF BLADDER ABSCESS
CPT SUBSECTION: EXCISION		
51500	6	REMOVAL OF BLADDER CYST
51520	6	REMOVAL OF BLADDER LESION
CPT SUBSECTION: INTRODUCTION		
51710	2	CHANGE OF BLADDER TUBE
51715	5	ENDOSCOPIC INJECTION/IMPLANT
CPT SUBSECTION: URODYNAMICS		
51726	1	COMPLEX CYSTOMETROGRAM
51772	2	URETHRA PRESSURE PROFILE
51785	2	ANAL/URINARY MUSCLE STUDY
51880	2	REPAIR OF BLADDER OPENING
51992 ³	7	LAPARO SLING OPERATION
CPT SUBSECTION: ENDOSCOPY-SYSTOSCOPY, URETHROSCOPY, CYSTOURETHROSCOPY		
52000	3	CYSTOSCOPY
52001	4	CYSTOSCOPY, REMOVAL OF CLOTS
52005	6	CYSTOSCOPY & URETER CATHETER
52007	4	CYSTOSCOPY AND BIOPSY
52010	4	CYSTOSCOPY & DUCT CATHETER
CPT SUBSECTION: TRANSURETHRAL SURGERY (URETHRA AND BLADDER)		
52204	5	CYSTOSCOPY
52214	5	CYSTOSCOPY AND TREATMENT
52224	4	CYSTOSCOPY AND TREATMENT
52234	6	CYSTOSCOPY AND TREATMENT
52235	5	CYSTOSCOPY AND TREATMENT
52240	5	CYSTOSCOPY AND TREATMENT
52250	6	CYSTOSCOPY AND RADIOTRACER
52260	5	CYSTOSCOPY AND TREATMENT
52270	4	CYSTOSCOPY & REVISE URETHRA
52275	4	CYSTOSCOPY & REVISE URETHRA
52276	5	CYSTOSCOPY AND TREATMENT
52277	4	CYSTOSCOPY AND TREATMENT
52281	5	CYSTOSCOPY AND TREATMENT
52282	10	CYSTOSCOPY, IMPLANT STENT
52283	4	CYSTOSCOPY AND TREATMENT
52285	4	CYSTOSCOPY AND TREATMENT
52290	4	CYSTOSCOPY AND TREATMENT
52300	4	CYSTOSCOPY AND TREATMENT
52301 ³	5	CYSTOSCOPY AND TREATMENT
52305	4	CYSTOSCOPY AND TREATMENT
52310	5	CYSTOSCOPY AND TREATMENT

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
52315	4	CYSTOSCOPY AND TREATMENT
52317	2	REMOVE BLADDER STONE
52318	4	REMOVE BLADDER STONE
CPT SUBSECTION: TRANSURETHRAL SURGERY (URETER AND PELVIS)		
52320	7	CYSTOSCOPY AND TREATMENT
52325	6	CYSTOSCOPY, STONE REMOVAL
52327	4	CYSTOSCOPY, INJECT MATERIAL
52330	4	CYSTOSCOPY AND TREATMENT
52332	6	CYSTOSCOPY AND TREATMENT
52334	5	CREATE PASSAGE TO KIDNEY
52341	5	CYSTO W/URETER STRICTURE TX
52342	5	CYSTO W/UP STRICTURE TX
52343	5	CYSTO W/RENAL STRICTURE TX
52344	5	CYSTO/URETERO, STONE REMOVE
52345	5	CYSTO/URETERO W/UP STRICTURE
52346	5	CYSTOURETERO W/RENAL STRICT
52351	5	CYSTOURETRO & OR PYELOSCOPE
52352	8	CYSTOURETRO W/STONE REMOVE
52353	9	CYSTOURETERO W/LITHOTRIPSY
52354	6	CYSTOURETRO & OR PYELOSCOPE
52355	6	CYSTOURETERO W/EXCISE TUMOR
CPT SUBSECTION: TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)		
52400	5	CYSTOURETERO W/CONGEN REPR
52402 ³	5	CYSTOURETHRO CUT EJACUL DUCT
52450	5	INCISION OF PROSTATE
52500	5	REVISION OF BLADDER NECK
52601	6	PROSTATECTOMY (TURP)
52606	2	CONTROL POSTOP BLEEDING
52612	4	PROSTATECTOMY, FIRST STAGE
52614	2	PROSTATECTOMY, SECOND STAGE
52620	2	REMOVE RESIDUAL PROSTATE
52630	4	REMOVE PROSTATE REGROWTH
52640	4	RELIEVE BLADDER CONTRACTURE
52647	10	LASER SURGERY OF PROSTATE
52648	10	LASER SURGERY OF PROSTATE
52700	4	DRAINAGE OF PROSTATE ABSCESS
URETHRA		
CPT SUBSECTION: INCISION		
53000	2	INCISION OF URETHRA
53010	2	INCISION OF URETHRA
53020	2	INCISION OF URETHRA
53040	4	DRAINAGE OF URETHRA ABSCESS
53080	5	DRAINAGE OF URINARY LEAKAGE
CPT SUBSECTION: EXCISION		
53200	2	BIOPSY OF URETHRA

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URINARY SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
53210	7	REMOVAL OF URETHRA
53215	7	REMOVAL OF URETHRA
53220	4	TREATMENT OF URETHRA LESION
53230	4	REMOVAL OF URETHRA LESION
53235	5	REMOVAL OF URETHRA LESION
53240	4	SURGERY FOR URETHRA POUCH
53250	4	REMOVAL OF URETHRA GLAND
53260	4	TREATMENT OF URETHRA LESION
53265	4	TREATMENT OF URETHRA LESION
53270	4	REMOVAL OF URETHRA GLAND
53275	4	REMOVAL OF URETHRA GLAND
CPT SUBSECTION: REPAIR		
53400	5	REVISE URETHRA, STAGE 1
53405	4	REVISE URETHRA, STAGE 2
53410	4	RECONSTRUCTION OF URETHRA
53420	5	RECONSTRUCT URETHRA, STAGE 1
53425	4	RECONSTRUCT URETHRA, STAGE 2
53430	4	RECONSTRUCTION OF URETHRA
53431	4	RECONSTRUCT URETHRA/BLADDER
53440	4	CORRECT BLADDER FUNCTION
53442	2	REMOVE PERINEAL PROSTHESIS
53444	4	INSERT TANDEM CUFF
53445	2	INSERT URO/VES NCK SPHINCTER
53446	2	REMOVE URO SPHINCTER
53447	2	REMOVE/REPLACE UR SPHINCTER
53449	2	REPAIR URO SPHINCTER
53450	2	REVISION OF URETHRA
53460	2	REVISION OF URETHRA
CPT SUBSECTION: SUTURE		
53502	4	REPAIR OF URETHRA INJURY
53505	4	REPAIR OF URETHRA INJURY
53510	4	REPAIR OF URETHRA INJURY
53515	4	REPAIR OF URETHRA INJURY
53520	4	REPAIR OF URETHRA DEFECT
CPT SUBSECTION: MANIPULATION		
53605	4	DILATE URETHRA STRICTURE
53665	2	DILATION OF URETHRA
CPT SUBSECTION: OTHER PROCEDURES		
53850 ⁴	10	PROSTATIC MICROWAVE THERMOTX

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TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES ON OR AFTER 11/01/2003

MALE GENITAL SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
PENIS		
CPT SUBSECTION: INCISION		
54000	4	SLITTING OF PREPUCE
54001	4	SLITTING OF PREPUCE
54015	6	DRAIN PENIS LESION
CPT SUBSECTION: DESTRUCTION		
54057	2	LASER SURG, PENIS LESION(S)
54060	2	EXCISION OF PENIS LESION(S)
54065	2	DESTRUCTION, PENIS LESION(S)
CPT SUBSECTION: EXCISION		
54100	2	BIOPSY OF PENIS
54105	2	BIOPSY OF PENIS
54110	4	TREATMENT OF PENIS LESION
54111	4	TREAT PENIS LESION, GRAFT
54112	4	TREAT PENIS LESION, GRAFT
54115	2	TREATMENT OF PENIS LESION
54120	4	PARTIAL REMOVAL OF PENIS
54150	2	CIRCUMCISION
54152 ⁸	2	CIRCUMCISION
54160	4	CIRCUMCISION
54161	6	CIRCUMCISION
54162	4	LYSIS PENIL CIRCUMCIS LESION
54163	4	REPAIR OF CIRCUMCISION
54164	4	FRENULOTOMY OF PENIS
CPT SUBSECTION: INTRODUCTION		
54205	6	TREATMENT OF PENIS LESION
54220	2	TREATMENT OF PENIS LESION
CPT SUBSECTION: REPAIR		
54300	5	REVISION OF PENIS
54304	5	REVISION OF PENIS
54308	5	RECONSTRUCTION OF URETHRA
54312	5	RECONSTRUCTION OF URETHRA
54316	5	RECONSTRUCTION OF URETHRA
54318	5	RECONSTRUCTION OF URETHRA
54322	5	RECONSTRUCTION OF URETHRA
54324	5	RECONSTRUCTION OF URETHRA
54326	5	RECONSTRUCTION OF URETHRA
54328	5	REVISE PENIS/URETHRA
54340	5	SECONDARY URETHRAL SURGERY
54344	5	SECONDARY URETHRAL SURGERY
54348	5	SECONDARY URETHRAL SURGERY
54352	5	RECONSTRUCT URETHRA/PENIS
54360	5	PENIS PLASTIC SURGERY
54380	5	REPAIR PENIS

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MALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
54385	5	REPAIR PENIS
54400	5	INSERT SEMI-RIGID PROSTHESIS
54401	5	INSERT SEMI-RIGID PROSTHESIS
54405	5	INSERT MULTI-COMP PENIS PROS
54406	5	REMOVE MULTI-COMP PENIS PROSTH
54408	5	REPAIR MULTI-COMP PENIS PROS
54410	5	REMOVE/REPLACE PENIS PROSTH
54415	5	REMOVE SELF-CONTD PENIS PROS
54416	5	REMOV/REPL PENIS CONTAIN PROS
54420	6	REVISION OF PENIS
54435	6	REVISION OF PENIS
54440	6	REPAIR OF PENIS
CPT SUBSECTION: MANIPULATION		
54450	2	PREPUTIAL STRETCHING
TESTIS		
CPT SUBSECTION: EXCISION		
54500	2	BIOPSY OF TESTIS
54505	2	BIOPSY OF TESTIS
54512	4	EXCISE LESION TESTIS
54520	5	REMOVAL OF TESTIS
54522	5	ORCHIECTOMY, PARTIAL
54530	6	REMOVAL OF TESTIS
54550	6	EXPLORATION FOR TESTIS
CPT SUBSECTION: REPAIR		
54600	6	REDUCE TESTIS TORSION
54620	5	SUSPENSION OF TESTIS
54640	8	SUSPENSION OF TESTIS
54660	4	REVISION OF TESTIS
54670	5	REPAIR TESTIS INJURY
54680	5	RELOCATION OF TESTIS(ES)
CPT SUBSECTION: LAPAROSCOPY		
54690	10	LAPAROSCOPY, ORCHIECTOMY
EPIDIDYMIS		
CPT SUBSECTION: INCISION		
54700	4	DRAINAGE OF SCROTUM
CPT SUBSECTION: EXCISION		
54800	2	BIOPSY OF EPIDIDYMIS
54820 ⁸	2	EXPLORATION OF EPIDIDYMIS
54830	5	REMOVE EPIDIDYMIS LESION
54840	6	REMOVE EPIDIDYMIS LESION
54860	5	REMOVAL OF EPIDIDYMIS
54861	6	REMOVAL OF EPIDIDYMIS
54865 ⁷	2	EXPLORE EPIDIDYMIS

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MALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR		
54900	6	FUSION OF SPERMATIC DUCTS
54901	6	FUSION OF SPERMATIC DUCTS
TUNICA VAGINALIS		
CPT SUBSECTION: EXCISION		
55040	7	REMOVAL OF HYDROCELE
55041	7	REMOVAL OF HYDROCELES
CPT SUBSECTION: REPAIR		
55060	6	REPAIR OF HYDROCELE
SCROTUM		
CPT SUBSECTION: INCISION		
55100	2	DRAINAGE OF SCROTUM ABSCESS
55110	4	EXPLORE SCROTUM
55120	4	REMOVAL OF SCROTUM LESION
CPT SUBSECTION: EXCISION		
55150	2	REMOVAL OF SCROTUM
CPT SUBSECTION: REPAIR		
55175	2	REVISION OF SCROTUM
55180	4	REVISION OF SCROTUM
VAS DEFERENS		
CPT SUBSECTION: INCISION		
55200	4	INCISION OF SPERM DUCT
CPT SUBSECTION: EXCISION		
55250	4	REMOVAL OF SPERM DUCT(S)
CPT SUBSECTION: REPAIR		
55400	2	REPAIR OF SPERM DUCT
SPERMATIC CORD		
CPT SUBSECTION: EXCISION		
55500	5	REMOVAL OF HYDROCELE
55520	6	REMOVAL OF SPERM CORD LESION
55530	8	REVISE SPERMATIC CORD VEINS
55535	6	REVISE SPERMATIC CORD VEINS
55540	7	REVISE HERNIA & SPERM VEINS
CPT SUBSECTION: LAPAROSCOPY		
55550	10	LAPARO LIGATE SPERMATIC VEIN
SEMINAL VESICLES		
CPT SUBSECTION: EXCISION		
55680	2	REMOVE SPERM POUCH LESION
PROSTATE		
CPT SUBSECTION: INCISION		
55700	3	BIOPSY OF PROSTATE
55705	4	BIOPSY OF PROSTATE

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MALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
55720	2	DRAINAGE OF PROSTATE ABSCESS
55725	4	DRAINAGE OF PROSTATE ABSCESS
CPT SUBSECTION: EXCISION		
55859 ⁸	10	PERCUT/NEEDLE INSERT, PROS
CPT SUBSECTION: OTHER PROCEDURES		
55873 ³	10	CRYOABLATE PROSTATE
55875 ⁷	10	TRANSPERI NEEDLE PLACE, PROS

FEMALE GENITAL SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
VULVA, PERINEUM, AND INTROITUS		
CPT SUBSECTION: INCISION		
56440	4	SURGERY FOR VULVA LESION
56441	2	LYSIS OF LABIAL LESION(S)
56442 ⁷	2	HYMENOTOMY
CPT SUBSECTION: DESTRUCTION		
56515	5	DESTROY VULVA LESION/S COMPL
CPT SUBSECTION: EXCISION		
56620	7	PARTIAL REMOVAL OF VULVA
56625	9	COMPLETE REMOVAL OF VULVA
56700	2	PARTIAL REMOVAL OF HYMEN
56720 ⁸	2	INCISION OF HYMEN
56740	5	REMOVE VAGINA GLAND LESION
CPT SUBSECTION: REPAIR		
56800	5	REPAIR OF VAGINA
56810	7	REPAIR OF PERINEUM
VAGINA		
CPT SUBSECTION: INCISION		
57000	2	EXPLORATION OF VAGINA
57010	4	DRAINAGE OF PELVIC ABSCESS
57020	4	DRAINAGE OF PELVIC FLUID
57023	2	I & D VAG HEMATOMA, NON-OB
CPT SUBSECTION: DESTRUCTION		
57065	2	DESTROY VAG LESIONS, COMPLEX
CPT SUBSECTION: EXCISION		
57105	4	BIOPSY OF VAGINA
57130	4	REMOVE VAGINA LESION
57135	4	REMOVE VAGINA LESION
CPT SUBSECTION: INTRODUCTION		
57155 ³	4	INSERT UTERI TANDEM/OVOIDS
57180	2	TREAT VAGINAL BLEEDING

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FEMALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR		
57200	2	REPAIR OF VAGINA
57210	4	REPAIR VAGINA/PERINEUM
57220	5	REVISION OF URETHRA
57230	5	REPAIR OF URETHRAL LESION
57240	7	REPAIR BLADDER & VAGINA
57250	7	REPAIR RECTUM & VAGINA
57260	7	REPAIR OF VAGINA
57265	9	EXTENSIVE REPAIR OF VAGINA
57267 ⁷	9	INSERT MESH/PELVIC FLR ADDON
57268	5	REPAIR OF BOWEL BULGE
57288 ³	7	REPAIR BLADDER DEFECT
57289	7	REPAIR BLADDER AND VAGINA
57291	7	CONSTRUCTION OF VAGINA
57300	5	REPAIR RECTUM-VAGINA FISTULA
CPT SUBSECTION: MANIPULATION		
57400	4	DILATION OF VAGINA
57410	4	PELVIC EXAMINATION
57415	4	REMOVE VAGINAL FOREIGN BODY
CERVIX UTERI		
CPT SUBSECTION: EXCISION		
57513	4	LASER SURGERY OF CERVIX
57520	7	CONIZATION OF CERVIX
57522	6	CONIZATION OF CERVIX
57530	5	REMOVAL OF CERVIX
57550	5	REMOVAL OF RESIDUAL CERVIX
57556	7	REMOVE CERVIX, REPAIR BOWEL
57558 ⁷	5	D&C OF CERVICAL STUMP
CPT SUBSECTION: REPAIR		
57700	2	REVISION OF CERVIX
57720	5	REVISION OF CERVIX
CPT SUBSECTION: MANIPULATION		
57820 ⁸	5	D & C OF RESIDUAL CERVIX
CORPUS UTERI		
CPT SUBSECTION: EXCISION		
58120	6	DILATION AND CURETTAGE
58145	7	REMOVAL OF UTERUS LESION
CPT SUBSECTION: INTRODUCTION		
58346 ³	4	INSERT HEYMAN UTERI CAPSULE
58350	5	REOPEN FALLOPIAN TUBE
58353	9	ENDOMETR ABLATE, THERMAL
CPT SUBSECTION: LAPAROSCOPY		
58545	10	LAPAROSCOPIC MYOMECTOMY
58546	10	LAPARO-MYOMECTOMY, COMPLEX

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FEMALE GENITAL SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
58550	10	LAPARO-ASST VAG HYSTERECTOMY
58555	2	HYSTEROSCOPY, DX, SEP PROC
58558	7	HYSTEROSCOPY, BIOPSY
58559	4	HYSTEROSCOPY, LYSIS
58560	5	HYSTEROSCOPY, RESECT SEPTUM
58561	5	HYSTEROSCOPY, REMOVE MYOMA
58562	5	HYSTEROSCOPY, REMOVE FB
58563	10	HYSTEROSCOPY, ABLATION
58565 ³	10	HYSTEROSCOPY, STERILIZATION
OVIDUCT		
CPT SUBSECTION: INCISION		
58600	9	DIVISION OF FALLOPIAN TUBE
58615	9	OCCLUDE FALLOPIAN TUBE(S)
CPT SUBSECTION: LAPAROSCOPY		
58660	9	LAPAROSCOPY, LYSIS
58661	10	LAPAROSCOPY, REMOVE ADNEXA
58662	9	LAPAROSCOPY, EXCISE LESIONS
58670	9	LAPAROSCOPY, TUBAL CAUTERY
58671	8	LAPAROSCOPY, TUBAL BLOCK
58672	7	LAPAROSCOPY, FIMBRIOPLASTY
58673	7	LAPAROSCOPY, SALPINGOSTOMY
OVARY		
CPT SUBSECTION: INCISION		
58800	5	DRAINAGE OF OVARIAN CYST(S)
58820	5	DRAIN OVARY ABSCESS, OPEN
CPT SUBSECTION: EXCISION		
58900	5	BIOPSY OF OVARY(S)
DELIVERY, ANTEPARTUM, AND POSTPARTUM CARE		
CPT SUBSECTION: EXCISION		
59160	5	D & C AFTER DELIVERY
CPT SUBSECTION: REPAIR		
59320	2	REVISION OF CERVIX
CPT SUBSECTION: VAGINAL DELIVERY, ANTEPARTUM AND POSTPARTUM CARE		
59414	1	DELIVER PLACENTA
CPT SUBSECTION: ABORTION		
59812	6	TREATMENT OF MISCARRIAGE
59820	6	CARE OF MISCARRIAGE
59821	7	TREATMENT OF MISCARRIAGE
59840	7	ABORTION
59841	7	ABORTION
CPT SUBSECTION: OTHER PROCEDURES		
59870	7	EVACUATE M OLE OF UTERUS
59871	7	REMOVE CERCLAGE SUTURE

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ENDOCRINE SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
THYROID GLAND		
CPT SUBSECTION: INCISION		
60000	2	DRAIN THYROID/TONGUE CYST
CPT SUBSECTION: EXCISION		
60200	4	REMOVE THYROID LESION
60280	6	REMOVE THYROID DUCT LESION
60281	6	REMOVE THYROID DUCT LESION

NERVOUS SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
SKULL, MENINGES, AND BRAIN		
CPT SUBSECTION: PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION		
61020	2	REMOVE BRAIN CAVITY FLUID
61026	2	INJECTION INTO BRAIN CANAL
61050	2	REMOVE BRAIN CANAL FLUID
61055	2	INJECTION INTO BRAIN CANAL
61070	2	BRAIN CANAL SHUNT PROCEDURE
CPT SUBSECTION: TWIST DRILL, BURR HOLE(S) OR TREPHINE		
61215	5	INSERT BRAIN-FLUID DEVICE
CPT SUBSECTION: STEREOTAXIS		
61790	5	TREAT TRIGEMINAL NERVE
61791	5	TREAT TRIGEMINAL TRACT
61795 ⁷	2	BRAIN SURGERY USING COMPUTER
CPT SUBSECTION: NEUROSTIMULATORS, INTRACRANIAL		
61885	4	IMPLANT NEUROSTIM ONE ARRAY
61886	5	IMPLANT NEUROSTIM ARRAYS
61888	2	REVISE/REMOVE NEURORECEIVER
CPT SUBSECTION: CSF SHUNT		
62194	2	REPLACE/IRRIGATE CATHETER
62225	2	REPLACE/IRRIGATE CATHETER
62230	4	REPLACE/REVISE BRAIN SHUNT
62263	2	LYSIS EPIDURAL ADHESIONS
62264 ³	2	EPIDURAL LYSIS ON SINGLE DAY
SPINE AND SPINAL CORD		
CPT SUBSECTION: PUNCTURE FOR INJECTION, DRAINAGE, OR ASPIRATION		
62268	2	DRAIN SPINAL CORD CYST
62269	2	NEEDLE BIOPSY, SPINAL CORD
62270	1	SPINAL FLUID TAP, DIAGNOSTIC
62272	2	DRAIN CEREBRO SPINAL FLUID
62273	1	TREAT EPIDURAL SPINE LESION
62280	2	TREAT SPINAL CORD LESION
62281	2	TREAT SPINAL CORD LESION

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NERVOUS SYSTEM (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
62282	2	TREAT SPINAL CANAL LESION
62287	10	PERCUTANEOUS DISKECTOMY
62294	5	INJECTION INTO SPINAL ARTERY
62310	2	INJECT SPINE C/T
62311	2	INJECT SPINE L/S (CD)
62318	2	INJECT SPINE W/CATH, C/T
62319	2	INJECT SPINE W/CATH L/S (CD)
CPT SUBSECTION: CATHETER IMPLANTATION		
62350	4	IMPLANT SPINAL CANAL CATH
62355	4	REMOVE SPINAL CANAL CATHETER
CPT SUBSECTION: RESERVOIR/PUMP IMPLANTATION		
62360	4	INSERT SPINE INFUSION DEVICE
62361	4	IMPLANT SPINE INFUSION PUMP
62362	4	IMPLANT SPINE INFUSION PUMP
62365	4	REMOVE SPINE INFUSION DEVICE
CPT SUBSECTION: STEREOTAXIS		
63600	4	REMOVE SPINAL CORD LESION
63610	2	STIMULATION OF SPINAL CORD
CPT SUBSECTION: NEUROSTIMULATORS, SPINAL		
63650	4	IMPLANT NEUROELECTRODES
63660	2	REVISE/REMOVE NEUROELECTRODE
63685	4	IMPLANT NEURORECEIVER
63688	2	REVISE/REMOVE NEURORECEIVER
CPT SUBSECTION: SHUNT, SPINAL CSF		
63744	5	REVISION OF SPINAL SHUNT
63746	4	REMOVAL OF SPINAL SHUNT

**EXTRACRANIAL NERVES, PERIPHERAL NERVES,
AND AUTONOMIC NERVOUS SYSTEM**

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC		
CPT SUBSECTION: SOMATIC NERVES		
64410	2	INJECTION FOR NERVE BLOCK
64415	2	INJECTION FOR NERVE BLOCK
64417	2	INJECTION FOR NERVE BLOCK
64420	2	INJECTION FOR NERVE BLOCK
64421	2	INJECTION FOR NERVE BLOCK
64430	2	INJECTION FOR NERVE BLOCK
64470	2	INJ PARAVERTEBRAL C/T
64472	2	INJ PARAVERTEBRAL C/T ADD-ON
64475	2	INJ PARAVERTEBRAL L/S
64476	2	INJ PARAVERTEBRAL L/S ADD-ON

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**EXTRACRANIAL NERVES, PERIPHERAL NERVES,
AND AUTONOMIC NERVOUS SYSTEM (CONTINUED)**

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
64479	2	INJ FORAMEN EPIDURAL C/T
64480	2	INJ FORAMEN EPIDURAL ADD-ON
64483	2	INJ FORAMEN EPIDURAL L/S
64484	2	INJ FORAMEN EPIDURAL ADD-ON
CPT SUBSECTION: SYMPATHETIC NERVES		
64510	2	INJECTION FOR NERVE BLOCK
64517 ³	4	N BLOCK INJ, HYPOGAS PLXS
64520	2	INJECTION FOR NERVE BLOCK
64530	2	INJECTION FOR NERVE BLOCK
CPT SUBSECTION: NEUROSTIMULATORS, PERIPHERAL NERVE		
64553	2	IMPLANT NEUROELECTRODES
64561 ³	5	IMPLANT NEUROELECTRODES
64573	2	IMPLANT NEUROELECTRODES
64575	2	IMPLANT NEUROELECTRODES
64577	2	IMPLANT NEUROELECTRODES
64580	2	IMPLANT NEUROELECTRODES
64585	2	REVISE/REMOVE NEUROELECTRODE
64590	4	IMPLANT NEURORECEIVER
DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY)		
CPT SUBSECTION: SOMATIC NERVES		
64600	2	INJECTION TREATMENT OF NERVE
64605	2	INJECTION TREATMENT OF NERVE
64610	2	INJECTION TREATMENT OF NERVE
64620	2	INJECTION TREATMENT OF NERVE
64622	5	DESTR PARAVERTEBRAL NERVE L/S
64623	2	DESTR PARAVERTEBRAL N ADD-ON
64626	2	DESTR PARAVERTEBRAL NERVE C/T
64627	2	DESTR PARAVERTEBRAL N ADD-ON
64630	4	INJECTION TREATMENT OF NERVE
CPT SUBSECTION: SYMPATHETIC NERVES		
64680	4	INJECTION TREATMENT OF NERVE
64681 ³	3	INJECTION TREATMENT OF NERVE
CPT SUBSECTION: NEUROLOPLASTY (EXPLANATION, NEUROLYSIS OR NERVE DECOMPRESSION)		
64702	2	REVISE FINGER/TOE NERVE
64704	2	REVISE HAND/FOOT NERVE
64708	4	REVISE ARM/LEG NERVE
64712	4	REVISION OF SCIATIC NERVE
64713	4	REVISION OF ARM NERVE(S)
64714	4	REVISE LOW BACK NERVE(S)
64716	5	REVISION OF CRANIAL NERVE
64718	9	REVISE ULNAR NERVE AT ELBOW
64719	4	REVISE ULNAR NERVE AT WRIST

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**EXTRACRANIAL NERVES, PERIPHERAL NERVES,
AND AUTONOMIC NERVOUS SYSTEM (CONTINUED)**

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
64721	7	CARPAL TUNNEL SURGERY
64722	2	RELIEVE PRESSURE ON NERVE(S)
64726	2	RELEASE FOOT/TOE NERVE
64727	2	INTERNAL NERVE REVISION
CPT SUBSECTION: TRANSECTION OR AVULSION OF NERVE		
64732	4	INCISION OF BROW NERVE
64734	4	INCISION OF CHEEK NERVE
64736	4	INCISION OF CHIN NERVE
64738	4	INCISION OF JAW NERVE
64740	4	INCISION OF TONGUE NERVE
64742	4	INCISION OF FACIAL NERVE
64744	4	INCISE NERVE, BACK OF HEAD
64746	4	INCISE DIAPHRAGM NERVE
64771	4	SEVER CRANIAL NERVE
64772	4	INCISION OF SPINAL NERVE
CPT SUBSECTION: EXCISION-SOMATIC NERVES		
64774	4	REMOVE SKIN NERVE LESION
64776	5	REMOVE DIGIT NERVE LESION
64778	4	DIGIT NERVE SURGERY ADD-ON
64782	5	REMOVE LIMB NERVE LESION
64783	4	LIMB NERVE SURGERY ADD-ON
64784	5	REMOVE NERVE LESION
64786	5	REMOVE SCIATIC NERVE LESION
64787	4	IMPLANT NERVE END
64788	5	REMOVE SKIN NERVE LESION
64790	5	REMOVAL OF NERVE LESION
64792	5	REMOVAL OF NERVE LESION
64795	4	BIOPSY OF NERVE
CPT SUBSECTION: EXCISION-SYMPATHETIC NERVES		
64802	4	REMOVE SYMPATHETIC NERVES
64821	6	REMOVE SYMPATHETIC NERVES
CPT SUBSECTION: NERVE REPAIR BY SUTURE (NEURORRHAPHY)		
64831	6	REPAIR OF DIGIT NERVE
64832	2	REPAIR NERVE ADD-ON
64834	4	REPAIR OF HAND OR FOOT NERVE
64835	5	REPAIR OF HAND OR FOOT NERVE
64836	5	REPAIR OF HAND OR FOOT NERVE
64837	2	REPAIR NERVE ADD-ON
64840	4	REPAIR OF LEG NERVE
64856	4	REPAIR/TRANSDPOSE NERVE
64857	4	REPAIR ARM/LEG NERVE
64858	4	REPAIR SCIATIC NERVE
64859	2	NERVE SURGERY
64861	5	REPAIR OF ARM NERVES

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**EXTRACRANIAL NERVES, PERIPHERAL NERVES,
AND AUTONOMIC NERVOUS SYSTEM (CONTINUED)**

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
64862	5	REPAIR OF LOW BACK NERVES
64864	5	REPAIR OF FACIAL NERVE
64865	6	REPAIR OF FACIAL NERVE
64870	6	FUSION OF FACIAL/OTHER NERVE
64872	4	SUBSEQUENT REPAIR OF NERVE
64874	5	REPAIR & REVISE NERVE ADD-ON
64876	5	REPAIR NERVE/SHORTEN BONE
CPT SUBSECTION: NEURORRHAPHY WITH NERVE GRAFT		
64885	4	NERVE GRAFT, HEAD OR NECK
64886	4	NERVE GRAFT, HEAD OR NECK
64890	4	NERVE GRAFT, HAND OR FOOT
64891	4	NERVE GRAFT, HAND OR FOOT
64892	4	NERVE GRAFT, ARM OR LEG
64893	4	NERVE GRAFT, ARM OR LEG
64895	5	NERVE GRAFT, HAND OR FOOT
64896	5	NERVE GRAFT, HAND OR FOOT
64897	5	NERVE GRAFT, ARM OR LEG
64898	5	NERVE GRAFT, ARM OR LEG
64901	4	NERVE GRAFT ADD-ON
64902	4	NERVE GRAFT ADD-ON
64905	4	NERVE PEDICLE TRANSFER
64907	2	NERVE PEDICLE TRANSFER

EYE AND OCULAR ADNEXA

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
EYEBALL		
CPT SUBSECTION: REMOVAL OF EYE		
65091	5	REVISE EYE
65093	5	REVISE EYE WITH IMPLANT
65101	5	REMOVAL OF EYE
65103	5	REMOVE EYE/INSERT IMPLANT
65105	6	REMOVE EYE/ATTACH IMPLANT
65110	7	REMOVAL OF EYE
65112	9	REMOVE EYE/REVISE SOCKET
65114	9	REMOVE EYE/REVISE SOCKET
CPT SUBSECTION: SECONDARY IMPLANT PROCEDURES		
65130	5	INSERT OCULAR IMPLANT
65135	4	INSERT OCULAR IMPLANT
65140	5	ATTACH OCULAR IMPLANT
65150	4	REVISE OCULAR IMPLANT
65155	5	REINSERT OCULAR IMPLANT
65175	2	REMOVAL OF OCULAR IMPLANT

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REMOVAL OF OCULAR FOREIGN BODY		
65235	4	REMOVE FOREIGN BODY FROM EYE
65260	5	REMOVE FOREIGN BODY FROM EYE
65265	6	REMOVE FOREIGN BODY FROM EYE
65270	4	REPAIR OF EYE WOUND
65272	4	REPAIR OF EYE WOUND
65275	6	REPAIR OF EYE WOUND
65280	6	REPAIR OF EYE WOUND
65285	6	REPAIR OF EYE WOUND
65290	5	REPAIR OF EYE SOCKET WOUND
ANTERIOR SEGMENT - CORNEA		
CPT SUBSECTION: EXCISION		
65400	2	REMOVAL OF EYE LESION
65410	4	BIOPSY OF CORNEA
65420	4	REMOVAL OF EYE LESION
65426	6	REMOVAL OF EYE LESION
CPT SUBSECTION: KERATOPLASTY		
65710	9	CORNEAL TRANSPLANT
65730	9	CORNEAL TRANSPLANT
65750	9	CORNEAL TRANSPLANT
65755	9	CORNEAL TRANSPLANT
CPT SUBSECTION: OTHER PROCEDURES		
65770	9	REVISE CORNEA WITH IMPLANT
65772	6	CORRECTION OF ASTIGMATISM
65775	6	CORRECTION OF ASTIGMATISM
65780 ³	7	OCULAR RECONST, TRANSPLANT
65781 ³	7	OCULAR RECONST, TRANSPLANT
65782 ³	7	OCULAR RECONST, TRANSPLANT
ANTERIOR SEGMENT - ANTERIOR CHAMBER		
CPT SUBSECTION: INCISION		
65800	2	DRAINAGE OF EYE
65805	2	DRAINAGE OF EYE
65810	5	DRAINAGE OF EYE
65815	4	DRAINAGE OF EYE
65820 ³	2	RELIEVE INNER EYE PRESSURE
65850	6	INCISION OF EYE
CPT SUBSECTION: OTHER PROCEDURES		
65865	2	INCISE INNER EYE ADHESIONS
65870	6	INCISE INNER EYE ADHESIONS
65875	6	INCISE INNER EYE ADHESIONS
65880	6	INCISE INNER EYE ADHESIONS
65900	7	REMOVE EYE LESION
65920	9	REMOVE IMPLANT OF EYE
65930	7	REMOVE BLOOD CLOT FROM EYE
66020	2	INJECTION TREATMENT OF EYE

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
66030	2	INJECTION TREATMENT OF EYE
ANTERIOR SEGMENT - ANTERIOR SCLERA		
CPT SUBSECTION: EXCISION		
66130	9	REMOVE EYE LESION
66150	6	GLAUCOMA SURGERY
66155	6	GLAUCOMA SURGERY
66160	4	GLAUCOMA SURGERY
66165	6	GLAUCOMA SURGERY
66170	6	GLAUCOMA SURGERY
66172	6	INCISION OF EYE
66180	7	IMPLANT EYE SHUNT
66185	4	REVISE EYE SHUNT
CPT SUBSECTION: REPAIR		
66220	5	REPAIR EYE LESION
66225	6	REPAIR/GRAFT EYE LESION
CPT SUBSECTION: REVISION OPERATIVE WOUND		
66250	4	FOLLOW-UP SURGERY OF EYE
ANTERIOR SEGMENT - IRIS, CILIARY BODY		
CPT SUBSECTION: IRIDOTOMY, IRIDECTOMY		
66500	2	INCISION OF IRIS
66505	2	INCISION OF IRIS
66600	5	REMOVE IRIS AND LESION
66605	5	REMOVAL OF IRIS
66625	5	REMOVAL OF IRIS
66630	5	REMOVAL OF IRIS
66635	5	REMOVAL OF IRIS
CPT SUBSECTION: REPAIR		
66680	5	REPAIR IRIS & CILIARY BODY
66682	4	REPAIR IRIS & CILIARY BODY
CPT SUBSECTION: DESTRUCTION		
66700	4	DESTRUCTION, CILIARY BODY
66710	4	DESTRUCTION, CILIARY BODY
66711 ³	4	CILIARY ENDOSCOPIC ABLATION
66720	4	DESTRUCTION, CILIARY BODY
66740	4	DESTRUCTION, CILIARY BODY
ANTERIOR SEGMENT - LENS		
CPT SUBSECTION: INCISION		
66821	2	AFTER CATARACT LASER SURGERY
66825	6	REPOSITION INTRAOCULAR LENS
CPT SUBSECTION: REMOVAL CATARACT		
66830	6	REMOVAL OF LENS LESION
66840	6	REMOVAL OF LENS MATERIAL
66850	9	REMOVAL OF LENS MATERIAL
66852	6	REMOVAL OF LENS MATERIAL

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
66920	6	EXTRACTION OF LENS
66930	7	EXTRACTION OF LENS
66940	7	EXTRACTION OF LENS
66982	9	CATARACT SURGERY, COMPLEX
66983	9	CATARACT SURG W/IOL, 1 STAGE
66984	9	CATARACT SURG W/IOL, I STAGE
66985	8	INSERT LENS PROSTHESIS
66986	8	EXCHANGE LENS PROSTHESIS
CPT SUBSECTION: POSTERIOR SEGMENT - VITREOUS		
67005	6	PARTIAL REMOVAL OF EYE FLUID
67010	6	PARTIAL REMOVAL OF EYE FLUID
67015	2	RELEASE OF EYE FLUID
67025	2	REPLACE EYE FLUID
67027	6	IMPLANT EYE DRUG SYSTEM
67030	2	INCISE INNER EYE STRANDS
67031	4	LASER SURGERY, EYE STRANDS
67036	6	REMOVAL OF INNER EYE FLUID
67038	10	STRIP RETINAL MEMBRANE
67039	9	LASER TREATMENT OF RETINA
67040	10	LASER TREATMENT OF RETINA
POSTERIOR SEGMENT - RETINAL DETACHMENT		
CPT SUBSECTION: REPAIR		
67107	10	REPAIR DETACHED RETINA
67108	10	REPAIR DETACHED RETINA
67112	9	REREPAIR DETACHED RETINA
67115	4	RELEASE ENCIRCLING MATERIAL
67120	4	REMOVE EYE IMPLANT MATERIAL
67121	4	REMOVE EYE IMPLANT MATERIAL
CPT SUBSECTION: PROPHYLAXIS		
67141	4	TREATMENT OF RETINA
POSTERIOR SEGMENT - OTHER PROCEDURES		
CPT SUBSECTION: DESTRUCTION - RETINA, CHOROID		
67218	7	TREATMENT OF RETINAL LESION
67227	2	TREATMENT OF RETINAL LESION
CPT SUBSECTION: SCLERAL REPAIR		
67250	5	REINFORCE EYE WALL
67255	5	REINFORCE/GRAFT EYE WALL
CPT SUBSECTION: OCULARY ADNEXA - EXTRAOCULAR MUSCLES		
67311	8	REVISE EYE MUSCLE
67312	9	REVISE TWO EYE MUSCLES
67314	8	REVISE EYE MUSCLE
67316	6	REVISE TWO EYE MUSCLES
67318	6	REVISE EYE MUSCLE(S)
67320	6	REVISE EYE MUSCLE(S) ADD-ON

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
67331	6	EYE SURGERY FOLLOW-UP ADD-ON
67332	6	REREVISE EYE MUSCLES ADD-ON
67334	6	REVISE EYE MUSCLE W/SUTURE
67335	6	EYE SUTURE DURING SURGERY
67340	6	REVISE EYE MUSCLE ADD-ON
67343 ³	9	RELEASE EYE TISSUE
67346 ⁷	2	BIOPSY, EYE MUSCLE
CPT SUBSECTION: OTHER PROCEDURES		
67350 ⁸	2	BIOPSY EYE MUSCLE
OCULAR ADNEXA - ORBIT		
CPT SUBSECTION: EXPLORATION, EXCISION, DECOMPRESSION		
67400	5	EXPLORE/BIOPSY EYE SOCKET
67405	6	EXPLORE/DRAIN EYE SOCKET
67412	7	EXPLORE/TREAT EYE SOCKET
67413	7	EXPLORE/TREAT EYE SOCKET
67415	2	ASPIRATION, ORBITAL CONTENTS
67420	7	EXPLORE/TREAT EYE SOCKET
67430	7	EXPLORE/TREAT EYE SOCKET
67440	7	EXPLORE/DRAIN EYE SOCKET
67445 ³	7	EXPLR/DECOMPRESS EYE SOCKET
67450	7	EXPLORE/BIOPSY EYE SOCKET
CPT SUBSECTION: OTHER PROCEDURES		
67550	6	INSERT EYE SOCKET IMPLANT
67570 ³	6	DECOMPRESS OPTIC NERVE
67560	4	REVISE EYE SOCKET IMPLANT
OCULAR ADNEXA - EYELIDS		
CPT SUBSECTION: INCISION		
67715	2	INCISION OF EYELID FOLD
CPT SUBSECTION: EXCISION OR REMOVAL OF LESION INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA)		
67808	4	REMOVE EYELID LESION(S)
67830	4	REVISE EYELASHES
67835	4	REVISE EYELASHES
CPT SUBSECTION: TARSORRHAPHY		
67880	5	REVISION OF EYELID
67882	5	REVISION OF EYELID
CPT SUBSECTION: REPAIR OF BROW/PTOSIS BLEPHAROPTOSIS, LID RETRACTION		
67900	6	REPAIR BROW DEFECT
67901	7	REPAIR BROW DEFECT
67902	7	REPAIR EYELID DEFECT
67903	6	REPAIR EYELID DEFECT
67904	6	REPAIR EYELID DEFECT
67906	7	REPAIR EYELID DEFECT
67908	6	REPAIR EYELID DEFECT

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
67909	6	REVISE EYELID DEFECT
67911	5	REVISE EYELID DEFECT
67912 ³	5	CORRECTION EYELID W/IMPLANT
CPT SUBSECTION: REPAIR ECTROPION, ENTROPION		
67914	5	REPAIR EYELID DEFECT
67916	6	REPAIR EYELID DEFECT
67917	6	REPAIR EYELID DEFECT
67921	5	REPAIR EYELID DEFECT
67923	6	REPAIR EYELID DEFECT
67924	6	REPAIR EYELID DEFECT
CPT SUBSECTION: RECONSTRUCTIVE SURGERY, BLEPHAROPLASTY INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPERBRAL CONJUNCTIVA)		
67935	4	REPAIR EYELID WOUND
67950	4	REVISION OF EYELID
67961	5	REVISION OF EYELID
67966	5	REVISION OF EYELID
67971	5	RECONSTRUCTION OF EYELID
67973	5	RECONSTRUCTION OF EYELID
67974	5	RECONSTRUCTION OF EYELID
67975	5	RECONSTRUCTION OF EYELID
OCULAR ADNEXA - CONJUNCTIVA		
CPT SUBSECTION: EXCISION, DESTRUCTION		
68115	4	REMOVE EYELID LINING LESION
68130	4	REMOVE EYELID LINING LESION
CPT SUBSECTION: CONJUNCTIVOPLASTY		
68320	6	REVISE/GRAFT EYELID LINING
68325	6	REVISE/GRAFT EYELID LINING
68326	6	REVISE/GRAFT EYELID LINING
68328	6	REVISE/GRAFT EYELID LINING
68330	6	REVISE EYELID LINING
68335	6	REVISE/GRAFT EYELID LINING
68340	6	SEPARATE EYELID ADHESIONS
CPT SUBSECTION: OTHER PROCEDURES		
68360	4	REVISE EYELID LINING
68362	4	REVISE EYELID LINING
68371 ³	4	HARVEST EYE TISSUE, ALOGRAFT
OCULAR ADNEXA - LACRIMAL SYSTEM		
CPT SUBSECTION: EXCISION		
68500	5	REMOVAL OF TEAR GLAND
68505	5	PARTIAL REMOVAL, TEAR GLAND
68510	2	BIOPSY OF TEAR GLAND
68520	5	REMOVAL OF TEAR SAC
68525	2	BIOPSY OF TEAR SAC

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EYE AND OCULAR ADNEXA (CONTINUED)

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
68540	5	REMOVE TEAR GLAND LESION
68550	5	REMOVE TEAR GLAND LESION
CPT SUBSECTION: REPAIR		
68700	4	REPAIR TEAR DUCTS
68720	6	CREATE TEAR SAC DRAIN
68745	6	CREATE TEAR DUCT DRAIN
68750	6	CREATE TEAR DUCT DRAIN
68770	6	CLOSE TEAR SYSTEM FISTULA
CPT SUBSECTION: PROBING AND RELATED PROCEDURES		
68810	2	PROBE NASOLACRIMAL DUCT
68811	4	PROBE NASOLACRIMAL DUCT
68815	4	PROBE NASOLACRIMAL DUCT

AUDITORY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
EXTERNAL EAR		
CPT SUBSECTION: EXCISION		
69110	2	REMOVE EXTERNAL EAR, PARTIAL
69120	4	REMOVAL OF EXTERNAL EAR
69140	4	REMOVE EAR CANAL LESION(S)
69145	4	REMOVE EAR CANAL LESION(S)
69150	5	EXTENSIVE EAR CANAL SURGERY
CPT SUBSECTION: REMOVAL OF FOREIGN BODY		
69205	3	CLEAR OUTER EAR CANAL
CPT SUBSECTION: REPAIR		
69300	5	REVISE EXTERNAL EAR
69310	5	REBUILD OUTER EAR CANAL
69320	9	REBUILD OUTER EAR CANAL
MIDDLE EAR		
CPT SUBSECTION: INCISION		
69421	5	INCISION OF EARDRUM
69436	4	CREATE EARDRUM OPENING
69440	5	EXPLORATION OF MIDDLE EAR
69450	2	EARDRUM REVISION
CPT SUBSECTION: EXCISION		
69501	9	MASTOIDECTOMY
69502	9	MASTOIDECTOMY
69505	9	REMOVE MASTOID STRUCTURES
69511	9	EXTENSIVE MASTOID SURGERY
69530	9	EXTENSIVE MASTOID SURGERY
69550	7	REMOVE EAR LESION
69552	9	REMOVE EAR LESION

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AUDITORY SYSTEM

CPT CODE	TRICARE PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: REPAIR		
69601	9	MASTOID SURGERY REVISION
69602	9	MASTOID SURGERY REVISION
69603	9	MASTOID SURGERY REVISION
69604	9	MASTOID SURGERY REVISION
69605	9	MASTOID SURGERY REVISION
69620	5	REPAIR OF EARDRUM
69631	10	REPAIR EARDRUM STRUCTURES
69632	7	REBUILD EARDRUM STRUCTURES
69633	7	REBUILD EARDRUM STRUCTURES
69635	9	REPAIR EARDRUM STRUCTURES
69636	9	REBUILD EARDRUM STRUCTURES
69637	9	REBUILD EARDRUM STRUCTURES
69641	9	REVISE MIDDLE EAR & MASTOID
69642	9	REVISE MIDDLE EAR & MASTOID
69643	9	REVISE MIDDLE EAR & MASTOID
69644	9	REVISE MIDDLE EAR & MASTOID
69645	9	REVISE MIDDLE EAR & MASTOID
69646	9	REVISE MIDDLE EAR & MASTOID
69650	9	RELEASE MIDDLE EAR BONE
69660	7	REVISE MIDDLE EAR BONE
69661	7	REVISE MIDDLE EAR BONE
69662	7	REVISE MIDDLE EAR BONE
69666	6	REPAIR MIDDLE EAR STRUCTURES
69667	6	REPAIR MIDDLE EAR STRUCTURES
69670	5	REMOVE MASTOID AIR CELLS
69676	5	REMOVE MIDDLE EAR NERVE
CPT SUBSECTION: OTHER PROCEDURES		
69700	5	CLOSE MASTOID FISTULA
69711	2	REMOVE/REPAIR HEARING AID
69714	10	IMPLANT TEMPLE BONE W/STIMUL
69715	10	TEMPLE BNE IMPLNT W/STIMULAT
69717	10	TEMPLE BONE IMPLANT REVISION
69718	10	REVISE TEMPLE BONE IMPLANT
69720	7	RELEASE FACIAL NERVE
69725 ⁴	7	RELEASE FACIAL NERVE
69740	7	REPAIR FACIAL NERVE
69745	7	REPAIR FACIAL NERVE
INNER EAR		
CPT SUBSECTION: INCISION, DESTRUCTION		
69801	7	INCISE INNER EAR
69802	9	INCISE INNER EAR
69805	9	EXPLORE INNER EAR
69806	9	EXPLORE INNER EAR
69820	7	ESTABLISH INNER EAR WINDOW
69840	7	REVISE INNER EAR WINDOW

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AUDITORY SYSTEM

TRICARE		
CPT CODE	PAYMENT GROUP	SHORT DESCRIPTION*
CPT SUBSECTION: EXCISION		
69905	9	REMOVE INNER EAR
69910	9	REMOVE INNER EAR & MASTOID
69915	9	INCISE INNER EAR NERVE
CPT SUBSECTION: INSERTION		
69930	9	IMPLANT COCHLEAR DEVICE

TRICARE		
HCPCS CODE	PAYMENT GROUP	SHORT DESCRIPTION
G0105 ³	4	COLORECTAL SCRIN; HI RISK IND
G0121 ³	4	COLON CA SCRIN NOT HI RSK IND
G0260	2	INJ FOR SACROILLIAC JT ANESTH
G0392 ⁷	10	AV FISTULA OR GRAFT ARTERIAL
G0393 ⁷	10	AV FISTULA OR GRAFT VENOUS

Except as provided below, all procedures are effective as of November 1, 2003

- ¹ Code added for services performed on or after January 1, 2004.
- ² Code deleted for services performed on or after January 1, 2004.
- ³ Code added for services performed on or after November 1, 2005.
- ⁴ Code deleted for services performed on or after November 1, 2005.
- ⁵ Code added for services performed on or after January 1, 2006.
- ⁶ Code deleted for services performed on or after January 1, 2006.
- ⁷ Code added for services performed on or after January 1, 2007.
- ⁸ Code deleted for services performed on or after January 1, 2007.

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CHAPTER 11, ADDENDUM B (FY 2007)

HOSPICE RATE INFORMATION - FY 2007 HOSPICE WAGE INDEXES FOR URBAN AREAS

WAGE INDEX BY CBSA			WAGE INDEX BY CBSA			WAGE INDEX BY CBSA		
CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ²	WAGE INDEX ¹	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ²	WAGE INDEX ¹	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ²	WAGE INDEX ¹
25500	Harrisonburg, VA Harrisonburg City, VA Rockingham, VA	0.9665		Bonneville, ID Jefferson, ID			Jasper, MO Newton, MO	
25540	Hartford-West Hartford-East Hartford, CT Hartford, CT Litchfield, CT Middlesex, CT Tolland, CT	1.1776	26900	Indianapolis, IN Boone, IN Hamilton, IN Hancock, IN Hendricks, IN Johnson, IN Marion, IN Morgan, IN Shelby, IN Brown, IN Putnam, IN	1.0549	28020	Kalamazoo-Portage, MI Kalamazoo, MI Van Buren, MI	1.0140
25620	Hattiesburg, MS Forrest, MS Lamar, MS Perry, MS	0.8083				28100	Kankakee-Bradley, IL Kankakee, IL	1.1040
25860	Hickory-Lenoir-Morganton, NC Alexander, NC Burke, NC Caldwell, NC Catawba, NC	0.9487	26980	Iowa City, IA Johnson, IA Washington, IA	1.0365	28140	Kansas City, MO-KS Cass, MO Clay, MO Clinton, MO Jackson, MO Johnson, KS Lafayette, MO Leavenworth, KS Miami, KS Platte, MO Ray, MO	1.0077
25980	Hinesville-Fort Stewart, GA Liberty, GA Long, GA	0.9782	27060	Ithaca, NY Tompkins, NY	1.0414		Wyandotte, KS Franklin, KS Linn, KS Bates, MO Caldwell, MO	
26100	Holland-Grand Haven, MI Ottawa, MI	0.9630	27100	Jackson, MI Jackson, MI	0.9894			
26180	Honolulu, HI Honolulu, HI	1.1926	27140	Jackson, MS Hinds, MS Madison, MS Rankin, MS Copiah, MS Simpson, MS	0.8838	28420	Kennewick-Richland-Pasco, WA Benton, WA Franklin, WA	1.1293
26300	Hot Springs, AR Garland, AR	0.9576	27180	Jackson, TN Chester, TN Madison, TN	0.9533	28660	Killeen-Temple-Fort Hood, TX Bell, TX Coryell, TX Lampasas, TX	0.9067
26380	Houma-Bayou Cane- Thibodaux, LA Lafourche, LA Terrebonne, LA	0.8395	27260	Jacksonville, FL Clay, FL Duval, FL Nassau, FL St. Johns, FL Baker, FL	0.9879	28700	Kingsport-Bristol-Bristol, TN- VA Bristol city, VA Hawkins, TN Scott, VA Sullivan, TN Washington, VA	0.8565
26420	Houston-Sugar Land- Baytown, TX Chambers, TX Fort Bend, TX Harris, TX Liberty, TX Montgomery, TX Waller, TX Austin, TX San Jacinto, TX Brazoria, TX Galveston, TX	1.0630	27340	Jacksonville, NC Onslow, NC	0.8759			
26580	Huntington-Ashland, WV- KY-OH Boyd, KY Cabell, WV Greenup, KY Lawrence, OH Wayne, WV	1.0078	27500	Janesville, WI Rock, WI	1.0143	28740	Kingston, NY Ulster, NY	0.9842
26620	Huntsville, AL Limestone, AL Madison, AL	0.9726	27620	Jefferson City, MO Callaway, MO Cole, MO Moniteau, MO Osage, MO	0.8919	28940	Knoxville, TN Anderson, TN Blount, TN Knox, TN Loudon, TN Union, TN	0.8977
26820	Idaho Falls, ID	1.0018	27740	Johnson City, TN Carter, TN Unicoi, TN Washington, TN	0.8441	29020	Kokomo, IN Howard, IN Tipton, IN	1.0111
			27780	Johnstown, PA Cambria, PA	0.8884	29100	La Crosse, WI-MN Houston, MN La Crosse, WI	1.0171
			27860	Jonesboro, AR Craighead, AR Poinsett, AR	0.8413	29140	Lafayette, IN	0.9290
			27900	Joplin, MO	0.9127			

¹ Wage index values are based on FY 2002 hospital cost report data before reclassification. This wage index is further adjusted. Wage index values greater than 0.8 are subject to a budget neutrality adjustment. Wage index values below 0.8 are adjusted to be the greater of a 15-percent increase, subject to a maximum wage index value of 0.8, or a budget neutrality adjustment calculated by multiplying the hospital wage index value for a given area by the budget neutrality factor. We have completed all of these adjustments and included them in the wage index values reflected in this table.

² This column lists each CBSA area name and each county or county equivalent, in the CBSA area. Counties not listed in this table are found, in the rural area section (Chapter 11, Addendum C (FY 2007)).

TRICARE REIMBURSEMENT MANUAL 6010.55-M, AUGUST 1, 2002

CHAPTER 11, ADDENDUM B (FY 2007)

HOSPICE RATE INFORMATION - FY 2007 HOSPICE WAGE INDEXES FOR URBAN AREAS

WAGE INDEX BY CBSA			WAGE INDEX BY CBSA			WAGE INDEX BY CBSA		
CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ²	WAGE INDEX ¹	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ²	WAGE INDEX ¹	CBSA CODE	URBAN AREA (CONSTITUENT COUNTIES OR COUNTY EQUIVALENTS) ²	WAGE INDEX ¹
29180	Benton, IN	0.8963	30860	Pulaski, AR	0.9745	31900	Merrimack, NH	1.0519
	Carroll, IN			Saline, AR			Mansfield, OH	
	Tippecanoe, IN			Grant, AR			Richland, OH	
	Lafayette, LA			Perry, AR			32420	
29340	Lafayette, LA	0.8330	30980	Logan, UT-ID	0.9284	32580	Hormigueros, PR	0.9501
	St. Martin, LA			Cache, UT			Mayaguez, PR	
	Lake Charles, LA			Franklin, ID			McAllen-Edinburg-Mission, TX	
29404	Calcasieu, LA	1.1091	31020	Longview, TX	1.0187	32780	Hidalgo, TX	1.0874
	Cameron, LA			Gregg, TX			Jackson, OR	
	Lake County-Kenosha County, IL-WI			Upshur, TX			32820	
29460	Lake, IL	0.9477	31084	Rusk, TX	1.2531	33124	Crittenden, AR	1.0369
	Kenosha, WI			Cowlitz, WA			Merced, CA	
29460	Lakeland, FL	1.0309	31140	Los Angeles-Long Beach-Santa Ana, CA	0.9838	33124	DeSoto, MS	1.1814
	Polk, FL			Los Angeles, CA			Merced, CA	
29540	Lancaster, PA	1.0415	31180	Louisville, KY-IN	0.9340	33140	Fayette, TN	0.9995
	Lancaster, PA			Bullitt, KY			Shelby, TN	
29620	Lansing-East Lansing, MI	0.8580	31340	Clark, IN	0.9242	33260	Tipton, TN	1.0118
	Clinton, MI			Floyd, IN			Midland, TX	
29700	Eaton, MI	0.9004	31340	Harrison, IN	0.9242	33340	Marshall, MS	1.0790
	Ingham, MI			Jefferson, KY			Merced, CA	
29700	Laredo, TX	0.9004	31340	Oldham, KY	0.9242	33460	Tate, MS	1.1778
	Webb, TX			Washington, IN			Merced, CA	
29740	Las Cruces, NM	1.2163	31340	Henry, KY	1.0042	33540	Merced, CA	1.0074
	Dona Ana, NM			Meade, KY			Missoula, MT	
29820	Las Vegas-Paradise, NV	0.9079	31420	Nelson, KY	0.9266	33660	Mobile, AL	0.8392
	Clark, NV			Shelby, KY			Mobile, AL	
29940	Lawrence, KS	0.8371	31420	Spencer, KY	0.9266	33660	Mobile, AL	0.8392
	Douglas, KS			Trimble, KY			Mobile, AL	
30020	Lawton, OK	0.8996	31460	Lubbock, TX	1.1335	33540	Missoula, MT	1.0074
	Comanche, OK			Lubbock, TX			Missoula, MT	
30140	Lebanon, PA	1.0513	31460	Crosby, TX	1.0042	33660	Mobile, AL	0.8392
	Lebanon, PA			Lynchburg, VA			Mobile, AL	
30300	Lewiston, ID-WA	0.9923	31540	Amherst, VA	1.0042	33660	Mobile, AL	0.8392
	Nez Perce, ID			Bedford, VA			Mobile, AL	
30340	Asotin, WA	0.9651	31700	Bedford City, VA	1.0111	33660	Mobile, AL	0.8392
	Lewiston-Auburn, ME			Campbell, VA			Mobile, AL	
30460	Androscoggin, ME	0.9810	31700	Lynchburg City, VA	1.0111	33660	Mobile, AL	0.8392
	Lexington-Fayette, KY			Appomattox, VA			Mobile, AL	
30620	Bourbon, KY	1.0862	31700	Macon, GA	1.0111	33660	Mobile, AL	0.8392
	Clark, KY			Bibb, GA			Mobile, AL	
30620	Fayette, KY	0.9810	31700	Jones, GA	1.0111	33660	Mobile, AL	0.8392
	Jessamine, KY			Twiggs, GA			Mobile, AL	
30700	Scott, KY	0.9810	31700	Crawford, GA	1.0111	33660	Mobile, AL	0.8392
	Woodford, KY			Monroe, GA			Mobile, AL	
30780	Lima, OH	1.0862	31700	Madera, CA	1.0111	33660	Mobile, AL	0.8392
	Allen, OH			Madera, CA			Mobile, AL	
30780	Lincoln, NE	0.9302	31700	Madison, WI	1.0111	33660	Mobile, AL	0.8392
	Lancaster, NE			Dane, WI			Mobile, AL	
30780	Seward, NE	0.9302	31700	Columbia, WI	1.0111	33660	Mobile, AL	0.8392
	Little Rock-North Little Rock, AR			Iowa, WI			Mobile, AL	
30780	Faulkner, AR	0.9302	31700	Manchester-Nashua, NH	1.0111	33660	Mobile, AL	0.8392
	Lonoke, AR			Hillsborough, NH			Mobile, AL	

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