

## **TAR and Non-Benefit List: Codes 30000 thru 39999**

Page updated: January 2021

### **Surgery**

#### **Respiratory System**

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

#### **Nose**

##### **Incision**

| <b>Code</b> | <b>Description</b>                         | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 30000       | Drainage abscess or hematoma, nasal        | Assistant Surgeon services not payable |
| 30020       | Drainage abscess or hematoma, nasal septum | Assistant Surgeon services not payable |

##### **Excision**

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

**Introduction**

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

**Removal, Foreign Body**

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

**Repair**

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

**Repair (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 30435       | Rhinoplasty, secondary, intermediate revision                           | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 30450       | Rhinoplasty, secondary, major revision                                  | Requires TAR, Primary Surgeon/ Provider   |
| 30460       | Rhinoplasty for nasal deformity, secondary                              | Requires TAR, Primary Surgeon/ Provider   |
| 30462       | Rhinoplasty for nasal deformity, secondary, with columellar lengthening | Requires TAR, Primary Surgeon/ Provider   |
| 30465       | Repair of nasal vestibular stenosis                                     | Requires TAR, Primary Surgeon/ Provider   |
| 30520       | Septoplasty or submucous resection                                      | Requires TAR, Primary Surgeon/ Provider   |
| 30560       | Lysis intranasal synechia   | Assistant Surgeon services not payable  |

**Destruction**

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

**Other Procedures**

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

Accessory Sinuses**Incision**

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

**Incision (continued)**

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

**Incision (continued)**

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

**Incision (continued)**

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

**Other Procedures**

| <b>Code</b> | <b>Description</b>                    | <b>Benefit Restrictions</b>             |
|-------------|---------------------------------------|---|
| 31299       | Unlisted procedure, accessory sinuses | Requires TAR, Primary Surgeon/ Provider |

Larynx**Introduction**

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

**Endoscopy**

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



**Endoscopy (continued)**

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

**Other Procedures**

| <b>Code</b> | <b>Description</b>         | <b>Benefit Restrictions</b>             |
|-------------|----------------------------|---|
| 31599       | Unlisted procedure, larynx | Requires TAR, Primary Surgeon/ Provider |

Trachea and Bronchi**Incision**

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

**Endoscopy**

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

**Endoscopy (continued)**

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

**Endoscopy (continued)**

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

**Bronchial Thermoplastic**

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

**Other Procedures**

| <b>Code</b> | <b>Description</b>                   | <b>Benefit Restrictions</b>             |
|-------------|--------------------------------------|---|
| 31899       | Unlisted procedure, trachea, bronchi | Requires TAR, Primary Surgeon/ Provider |

Lungs and Pleura**Excision/Resection**

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

**Introduction and Removal**

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

**Destruction**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|----------------------|--|
| 32560       | Chemical pleurodesis | Assistant Surgeon services not payable |

**Thoracoscopy**

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

**Stereotactic Radiation Therapy**

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

**Lung Transplantation**

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

**Surgical Collapse Therapy; Thoracoplasty**

| <b>Code</b> | <b>Description</b>                                       | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 32960       | Pneumothorax, therapeutic, intrapleural injection of air | Assistant Surgeon services not payable |

**Other Procedures**

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

## Cardiovascular System

### Heart and Pericardium

#### Pericardium

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

#### Transmyocardial Revascularization

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

#### Pacemaker or Implantable Defibrillator

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



**Pacemaker or Implantable Defibrillator (continued)**

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

**Pacemaker or Implantable Defibrillator (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 33262       | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system                      | Assistant Surgeon services not payable |
| 33263       | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system                        | Assistant Surgeon services not payable |
| 33264       | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system                    | Assistant Surgeon services not payable |
| 33270       | Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including evaluation                      | Assistant Surgeon services not payable |
| 33271       | Insertion of subcutaneous implantable defibrillator electrode   | Assistant Surgeon services not payable |
| 33272       | Removal of subcutaneous implantable defibrillator electrode   | Assistant Surgeon services not payable |
| 33273       | Repositioning of previously implanted subcutaneous implantable defibrillator electrode  | Assistant Surgeon services not payable |
| 33274       | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance and device evaluation, when performed | Assistant Surgeon services not payable |
| 33275       | Transcatheter removal of permanent leadless pacemaker, right ventricular  | Assistant Surgeon services not payable |
| 33477       | Transcatheter pulmonary valve implantation, percutaneous approach   | Assistant Surgeon services not payable |

**Endoscopy**

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

**Combined Arterial-Venous Grafting for Coronary Bypass**

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

**Arterial Grafting for Coronary Artery Bypass**

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

**Shunting Procedures**

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

**Heart/Lung Transplantation**

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

**Extracorporeal Membrane Oxygenation/Extra Corporeal Life Support**

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

**Extracorporeal Membrane Oxygenation/Extra Corporeal Life Support (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 33949       | ECMO/ECLS provided by physician; daily management, each day, veno-arterial                                      | Assistant Surgeon services not payable |
| 33951       | ECMO/ECLS provided by physician; insertion of peripheral cannula(e), percutaneous, birth through 5 years of age | Assistant Surgeon services not payable |
| 33952       | ECMO/ECLS provided by physician; insertion of peripheral cannula(e), percutaneous, 6 years and older            | Assistant Surgeon services not payable |
| 33953       | ECMO/ECLS provided by physician; insertion of peripheral cannula(e), open, birth through 5 years of age         | Assistant Surgeon services not payable |
| 33954       | ECMO/ECLS provided by physician; insertion of peripheral cannula(e), open, 6 years and older                    | Assistant Surgeon services not payable |
| 33955       | ECMO/ECLS provided by physician; insertion of central cannula(e), birth through 5 years of age                  | Assistant Surgeon services not payable |
| 33956       | ECMO/ECLS provided by physician; insertion of central cannula(e), 6 years and older                             | Assistant Surgeon services not payable |
| 33957       | ECMO/ECLS provided by physician; reposition peripheral cannula(e), percutaneous, birth through 5 years of age   | Assistant Surgeon services not payable |
| 33958       | ECMO/ECLS provided by physician; reposition peripheral cannula(e), percutaneous, 6 years and older              | Assistant Surgeon services not payable |
| 33959       | ECMO/ECLS provided by physician; reposition peripheral cannula(e), open, birth through 5 years of age           | Assistant Surgeon services not payable |
| 33962       | ECMO/ECLS provided by physician; reposition peripheral cannula(e), open, 6 years and older                      | Assistant Surgeon services not payable |
| 33963       | ECMO/ECLS provided by physician; reposition of central cannula(e), birth through 5 years of age                 | Assistant Surgeon services not payable |
| 33964       | ECMO/ECLS provided by physician; reposition of central cannula(e), 6 years and older                            | Assistant Surgeon services not payable |
| 33965       | ECMO/ECLS provided by physician; removal of peripheral cannula(e), percutaneous, birth through 5 years of age   | Assistant Surgeon services not payable |

**Extracorporeal Membrane Oxygenation/Extra Corporeal Life Support (continued)**

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

**Cardiac Assist**

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

**Other Procedures, Cardiac Surgery**

| <b>Code</b> | <b>Description</b>                  | <b>Benefit Restrictions</b>                   |
|-------------|-------------------------------------|---|
| 33999       | Unlisted procedure, cardiac surgery | Requires TAR,<br>Primary Surgeon/<br>Provider |

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

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

Vascular Injection Procedures**Intravenous**

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

**Intra-Arterial/Intra-Aortic**

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

**Interventions for Arteriovenous Shunts Created for Dialysis**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 36160       | Introduction of needle/intracatheter, aortic, translumbar | Assistant Surgeon services not payable |

**Diagnostic Studies of Cervicocerebral Arteries**

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



**Diagnostic Studies of Cervicocerebral Arteries (continued)**

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

**Venous**

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

**Venous (continued)**

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

**Venous (continued)**

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

Central Venous Access Procedures**Insertion**

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

**Insertion (continued)**

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

**Repair of Central Venous Access Device**

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

**Partial Replacement of Central Venous Access Device (Catheter Only)**

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

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

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

**Removal of Central Venous Access Device**

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

**Other Central Venous Access Procedures**

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



**Arterial**

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

**Intraosseous**

| <b>Code</b> | <b>Description</b>                            | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 36680       | Placement of needle for intraosseous infusion | Assistant Surgeon services not payable |

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

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

**Dialysis Circuit**

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

**Other Procedures**

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

**Vascular Embolization and Occlusion**

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

**Endovascular Revascularization**

| <b>Code</b> | <b>Description</b>                                       | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 37246       | Transluminal balloon angioplasty; initial artery         | Assistant Surgeon services not payable |
| 37247       | Transluminal balloon angioplasty; each additional artery | Assistant Surgeon services not payable |
| 37248       | Transluminal balloon angioplasty; initial vein           | Assistant Surgeon services not payable |
| 37249       | Transluminal balloon angioplasty; each additional vein   | Assistant Surgeon services not payable |

**Intravascular Ultrasound Services**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 37252       | Intravascular ultrasound; initial noncoronary vessel         | Assistant Surgeon services not payable |
| 37253       | Intravascular ultrasound; each additional noncoronary vessel | Assistant Surgeon services not payable |

**Endoscopy**

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

**Ligation**

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

**Ligation**

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

**Other Procedures**

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

**Hemic and Lymphatic Systems**Spleen**Laparoscopy**

| <b>Code</b> | <b>Description</b>                     | <b>Benefit Restrictions</b>                   |
|-------------|--|---|
| 38129       | Unlisted laparoscopy procedure, spleen | Requires TAR,<br>Primary Surgeon/<br>Provider |

**Introduction**

| <b>Code</b> | <b>Description</b>                        | <b>Benefit Restrictions</b>               |
|-------------|---|---|
| 38200       | Injection procedure for splenoportography | Assistant Surgeon<br>services not payable |

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

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



**Bone Marrow or Stem Cell Services/Procedures (continued)**

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

**Transplantation and Post-Transplantation Cellular Infusions**

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

Lymph Nodes and Lymphatic Channels**Incision**

| <b>Code</b> | <b>Description</b>                     | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 38300       | Drainage of lymph node abscess; simple | Assistant Surgeon services not payable |

**Excision**

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

**Laparoscopy**

| <b>Code</b> | <b>Description</b>                               | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 38589       | Unlisted laparoscopy procedure, lymphatic system | Requires TAR, Primary Surgeon/ Provider |

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

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

**Mediastinum and Diaphragm**Mediastinum**Endoscopy**

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

**Repair**

| <b>Code</b> | <b>Description</b>              | <b>Benefit Restrictions</b>             |
|-------------|---------------------------------|---|
| 39499       | Unlisted procedure, mediastinum | Requires TAR, Primary Surgeon/ Provider |

Diaphragm**Repair**

| <b>Code</b> | <b>Description</b>                               | <b>Benefit Restrictions</b>                   |
|-------------|--|---|
| 39541       | Repair, diaphragmatic hernia, traumatic; chronic | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 39599       | Unlisted procedure, diaphragm                    | Requires TAR,<br>Primary Surgeon/<br>Provider |

## **Legend**

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

| <b>Symbol</b> | <b>Description</b>  |
|---------------|---|
| «             | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| »             | This is a change mark symbol. It is used to indicate where on the page the most recent change ends.   |