

## TAR and Non-Benefit List: Codes 20000 thru 29999

Page updated: August 2025

«Medi-Cal has not activated all CPT® Category I or Proprietary Laboratory Analysis (PLA) codes associated with various covered Medi-Cal benefits and services. In these instances, the CPT Category I or PLA codes are classified a “non-benefit” for Medi-Cal and in deny status for the general Medi-Cal population. However, Medi-Cal may provide reimbursement for a CPT code Category I or PLA code with an approved *Treatment Authorization Request* (TAR) if medical necessity is established. Billing codes in non-benefit status should be evaluated and coverage decided on a case-by-case basis for individual Medi-Cal members based upon medical necessity.»

### Surgery

#### Musculoskeletal System

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

#### General

##### Excision

| Code  | Description                                 | Benefit Restrictions                   |
|-------|---|--|
| 20200 | Biopsy, muscle superficial                  | Assistant Surgeon services not payable |
| 20206 | Biopsy, muscle, percutaneous needle         | Assistant Surgeon services not payable |
| 20220 | Biopsy, bone, trocar or needle; superficial | Assistant Surgeon services not payable |
| 20240 | Biopsy, bone, open; superficial             | Assistant Surgeon services not payable |

##### Introduction or Removal

| Code  | Description                               | Benefit Restrictions                   |
|-------|---|--|
| 20500 | Injection, sinus tract; therapeutic       | Assistant Surgeon services not payable |
| 20501 | Injection, sinus tract; diagnostic        | Assistant Surgeon services not payable |
| 20520 | Removal of foreign body in muscle; simple | Assistant Surgeon services not payable |
| 20526 | Injection, therapeutic, carpal tunnel     | Assistant Surgeon services not payable |
| 20527 | Injection, enzyme, palmar fascial cord    | Assistant Surgeon services not payable |

**Introduction or Removal (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 20550       | Injections(s); tendon sheath or ligament aponeurosis   | Assistant Surgeon services not payable |
| 20551       | Injection(s); single tendon origin/insertion   | Assistant Surgeon services not payable |
| 20552       | Injections(s); single or multiple trigger point(s), one or two muscle(s)   | Assistant Surgeon services not payable |
| 20553       | Injection(s); single or multiple trigger point(s), three or more muscle(s)   | Assistant Surgeon services not payable |
| 20555       | Placement of needles or catheters for subsequent interstitial radioelement application   | Assistant Surgeon services not payable |
| 20560       | Needle insertion(s) without injection(s); 1 or 2 muscle(s)   | Assistant Surgeon services not payable |
| 20561       | Needle insertion(s) without injection(s); 3 or more muscle(s)  | Assistant Surgeon services not payable |
| 20660       | Arthrocentesis, aspiration and/or injection; small joint or bursa; without ultrasound guidance   | Assistant Surgeon services not payable |
| 20604       | Arthrocentesis, aspiration and/or injection, small joint or bursa; with ultrasound guidance, with permanent recording and reporting        | Assistant Surgeon services not payable |
| 20605       | Arthrocentesis, aspiration and/or injection; intermediate joint or bursa; without ultrasound guidance                                      | Assistant Surgeon services not payable |
| 20606       | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa; with ultrasound guidance, with permanent recording and reporting | Assistant Surgeon services not payable |
| 20610       | Arthrocentesis, aspiration and/or injection; major joint or bursa; without ultrasound guidance   | Assistant Surgeon services not payable |
| 20611       | Arthrocentesis, aspiration and/or injection, major joint or bursa; with ultrasound guidance, with permanent recording and reporting        | Assistant Surgeon services not payable |
| 20612       | Aspiration/injection of ganglion cyst(s); any location   | Assistant Surgeon services not payable |
| 20615       | Aspiration/injection for treatment of bone cyst  | Assistant Surgeon services not payable |
| 20650       | Insertion of wire or pin with application of skeletal traction, including removal  | Assistant Surgeon services not payable |
| 20660       | Application of cranial tongs, caliper or stereotactic frame, including removal   | Assistant Surgeon services not payable |

**Introduction or Removal (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 20660       | Application of cranial tongs, caliper or stereotactic frame, including removal | Assistant Surgeon services not payable |
| 20665       | Removal of tongs or halo, applied by another physician                         | Assistant Surgeon services not payable |
| 20670       | Removal of implant; superficial  | Assistant Surgeon services not payable |
| 20690       | Application of a uniplane, unilateral, external fixation system                | Assistant Surgeon services not payable |
| 20692       | Application of a multiplane, unilateral, external fixation system              | Assistant Surgeon services not payable |
| 20693       | Adjustment or revision of external fixation system                             | Assistant Surgeon services not payable |
| 20694       | Removal, under anesthesia, of external fixation system                         | Assistant Surgeon services not payable |
| 20700       | Manual preparation and insertion of drug-delivery device(s), deep              | Assistant Surgeon services not payable |
| 20701       | Removal of drug-delivery device(s), deep                                       | Assistant Surgeon services not payable |
| 20702       | Manual preparation and insertion of drug-delivery device(s), intramedullary    | Assistant Surgeon services not payable |
| 20703       | Removal of drug-delivery device(s), intramedullary                             | Assistant Surgeon services not payable |
| 20704       | Manual preparation and insertion of drug-delivery device(s), intra-articular   | Assistant Surgeon services not payable |
| 20705       | Removal of drug-delivery device(s), intra-articular                            | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 20932       | Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone | Assistant Surgeon services not payable |
| 20933       | Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial                               | Assistant Surgeon services not payable |

**Other Procedures (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 20934       | Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete | Assistant Surgeon services not payable  |
| 20950       | Monitoring of interstitial fluid pressure   | Assistant Surgeon services not payable  |
| 20974       | Electrical stimulation to aid bone healing; noninvasive   | Assistant Surgeon services not payable  |
| 20979       | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)                            | Assistant Surgeon services not payable  |
| 20982       | Ablation therapy for reduction or eradication of one or more bone tumors; radiofrequency                        | Assistant Surgeon services not payable  |
| 20983       | Ablation therapy for reduction or eradication of one or more bone tumors; cryoablation                          | Assistant Surgeon services not payable  |
| 20999       | Unlisted procedure, musculoskeletal system, general   | Requires TAR, Primary Surgeon/ Provider |

Head**Incision**

| <b>Code</b> | <b>Description</b>                  | <b>Benefit Restrictions</b>             |
|-------------|-------------------------------------|---|
| 21010       | Arthrotomy, temporomandibular joint | Requires TAR, Primary Surgeon/ Provider |

**Excision**

| <b>Code</b> | <b>Description</b>                    | <b>Benefit Restrictions</b>             |
|-------------|---------------------------------------|---|
| 21050       | Condylectomy, temporomandibular joint | Requires TAR, Primary Surgeon/ Provider |
| 21060       | Meniscectomy, temporomandibular joint | Requires TAR, Primary Surgeon/ Provider |
| 21070       | Coronoidectomy                        | Requires TAR, Primary Surgeon/ Provider |

**Manipulation**

| <b>Code</b> | <b>Description</b>                         | <b>Benefit Restrictions</b>   |
|-------------|--|---|
| 21073       | Manipulation of temporomandibular joint(s) | Requires TAR,<br>Primary Surgeon/<br>Provider, Assistant<br>Surgeon services not<br>payable |

**Head Prosthesis**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b> |
|-------------|--|-----------------------------|
| 21076       | Impression and custom preparation; surgical obturator prosthesis   | Non-Benefit                 |
| 21077       | Impression and custom preparation; orbital prosthesis              | Non-Benefit                 |
| 21079       | Impression and custom preparation; interim obturator prosthesis    | Non-Benefit                 |
| 21080       | Impression and custom preparation; definitive obturator prosthesis | Non-Benefit                 |
| 21081       | Impression and custom preparation; mandibular resection prosthesis | Non-Benefit                 |
| 21082       | Impression and custom preparation; palatal augmentation prosthesis | Non-Benefit                 |
| 21083       | Impression and custom preparation; palatal lift prosthesis         | Non-Benefit                 |
| 21084       | Impression and custom preparation; speech aid prosthesis           | Non-Benefit                 |
| 21085       | Impression and custom preparation; oral surgical splint            | Non-Benefit                 |
| 21086       | Impression and custom preparation; auricular prosthesis            | Non-Benefit                 |
| 21087       | Impression and custom preparation; nasal prosthesis                | Non-Benefit                 |
| 21088       | Impression and custom preparation; facial prosthesis               | Non-Benefit                 |
| 21089       | Unlisted maxillofacial prosthetic procedure                        | Non-Benefit                 |

**Introduction or Removal**

| <b>Code</b> | <b>Description</b>                                  | <b>Benefit Restrictions</b>               |
|-------------|---|---|
| 21116       | Injection procedure, temporomandibular arthrography | Assistant Surgeon<br>services not payable |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 21125       | Augmentation, mandibular body or angle; prosthetic material | Non-Benefit                             |
| 21299       | Unlisted craniofacial/maxillofacial procedure               | Requires TAR, Primary Surgeon/ Provider |

**Fracture and/or Dislocation**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 21315       | Closed treatment of nasal bone fracture with manipulation; without stabilization | Assistant Surgeon services not payable  |
| 21320       | Closed treatment of nasal bone fracture with manipulation; with stabilization    | Assistant Surgeon services not payable  |
| 21337       | Closed treatment of nasal septal fracture  | Assistant Surgeon services not payable  |
| 21355       | Percutaneous treatment of fracture of malar area                                 | Assistant Surgeon services not payable  |
| 21440       | Closed treatment of alveolar ridge fracture                                      | Assistant Surgeon services not payable  |
| 21499       | Unlisted musculoskeletal procedure, head   | Requires TAR, Primary Surgeon/ Provider |

Neck (Soft Tissue) and Thorax**Excision**

| <b>Code</b> | <b>Description</b>               | <b>Benefit Restrictions</b>            |
|-------------|----------------------------------|--|
| 21550       | Biopsy, soft tissue, neck/thorax | Assistant Surgeon services not payable |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>           | <b>Benefit Restrictions</b>   |
|-------------|------------------------------|---|
| 21685       | Hyoid myotomy and suspension | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |

**Repair, Revision and/or Reconstruction (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 21685       | Hyoid myotomy and suspension  | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |
| 21700       | Division, scalenus anticus; without resection of cervical rib           | Requires TAR, Primary Surgeon/ Provider   |
| 21705       | Division, scalenus anticus; with resection of cervical rib              | Requires TAR, Primary Surgeon/ Provider   |
| 21720       | Division, sternocleidomastoid for torticollis; without cast application | Requires TAR, Primary Surgeon/ Provider   |
| 21725       | Division, sternocleidomastoid for torticollis; with cast application    | Requires TAR, Primary Surgeon/ Provider   |
| 21740       | Reconstructive repair, pectus excavatum or carinatum; open              | Requires TAR, Primary Surgeon/ Provider   |
| 21742       | Nuss procedure, without thoracoscopy                                    | Requires TAR, Primary Surgeon/ Provider   |
| 21743       | Nuss procedure, with thoracoscopy                                       | Requires TAR, Primary Surgeon/ Provider   |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                 | <b>Benefit Restrictions</b>             |
|-------------|------------------------------------|---|
| 21899       | Unlisted procedure, neck or thorax | Requires TAR, Primary Surgeon/ Provider |

**Spine (Vertebral Column)****Manipulation**

| <b>Code</b> | <b>Description</b>                                     | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 22505       | Manipulation of spine requiring anesthesia, any region | Assistant Surgeon services not payable |

**Percutaneous Vertebroplasty and Vertebral Augmentation**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 22510       | Percutaneous vertebroplasty, one vertebral body; cervicothoracic  | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 22511       | Percutaneous vertebroplasty, one vertebral body; lumbosacral  | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 22512       | Percutaneous vertebroplasty, one vertebral body; each additional cervicothoracic or lumbosacral vertebral body                                  | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 22513       | Percutaneous vertebral augmentation, one vertebral body, unilateral or bilateral cannulation; thoracic  | Requires TAR, Primary Surgeon/ Provider   |
| 22514       | Percutaneous vertebral augmentation, one vertebral body, unilateral or bilateral cannulation; lumbar  | Requires TAR, Primary Surgeon/ Provider   |
| 22515       | Percutaneous vertebral augmentation, one vertebral body, unilateral or bilateral cannulation; each additional thoracic or lumbar vertebral body | Requires TAR, Primary Surgeon/ Provider   |

**Percutaneous Augmentation and Annuloplasty**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b> |
|-------------|--|-----------------------------|
| 22526       | Percutaneous intradiscal electrothermal annuloplasty or bilateral including fluoroscopic guidance; single level                  | Non-Benefit                 |
| 22527       | Percutaneous intradiscal electrothermal annuloplasty or bilateral including fluoroscopic guidance; one or more additional levels | Non-Benefit                 |



**Arthrodesis**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 22586       | Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance | Requires TAR, Primary Surgeon/ Provider |

**Spinal Instrumentation**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 22858       | Total disc arthroplasty, anterior approach; second level, cervical  | Requires TAR, Primary Surgeon/ Provider |
| 22867       | Insertion of interlaminar/interspinous process stabilization/distraction device, with open decompression; single level    | Assistant Surgeon services not payable  |
| 22869       | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression; single level | Assistant Surgeon services not payable  |

**Other Procedures**

| <b>Code</b> | <b>Description</b>        | <b>Benefit Restrictions</b>             |
|-------------|---------------------------|---|
| 22899       | Unlisted procedure, spine | Requires TAR, Primary Surgeon/ Provider |

Abdomen**Excision**

| <b>Code</b> | <b>Description</b>                         | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 22900       | Excision, abdominal wall tumor, subfascial | Requires TAR, Primary Surgeon/ Provider |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                           | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 22999       | Unlisted procedure, abdomen, musculoskeletal | Requires TAR, Primary Surgeon/ Provider |

Shoulder**Incision**

| <b>Code</b> | <b>Description</b>                                   | <b>Benefit Restrictions</b>                   |
|-------------|--|---|
| 23000       | Removal of subdeltoid calcareous deposits, open      | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 23031       | Incision and drainage, shoulder area; infected bursa | Assistant Surgeon<br>services not payable     |

**Excision**

| <b>Code</b> | <b>Description</b>                          | <b>Benefit Restrictions</b>               |
|-------------|---|---|
| 23065       | Biopsy, soft tissues, shoulder, superficial | Assistant Surgeon<br>services not payable |

**Introduction or Removal**

| <b>Code</b> | <b>Description</b>                            | <b>Benefit Restrictions</b>               |
|-------------|---|---|
| 23330       | Removal foreign body, shoulder, subcutaneous  | Assistant Surgeon<br>services not payable |
| 23350       | Injection procedure for shoulder arthrography | Assistant Surgeon<br>services not payable |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>                   |
|-------------|---|---|
| 23412       | Repair, ruptured musculotendinous cuff, open, acute, chronic                                  | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 23415       | Coracoacromial ligament release   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 23420       | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 23440       | Resection or transplantation, long tendon   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 23470       | Arthroplasty, glenohumeral joint; hemiarthroplasty  | Requires TAR,<br>Primary Surgeon/<br>Provider |

**Repair, Revision and/or Reconstruction (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 23472       | Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement)                | Requires TAR, Primary Surgeon/ Provider |
| 23473       | Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component  | Requires TAR, Primary Surgeon/ Provider |
| 23474       | Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component | Requires TAR, Primary Surgeon/ Provider |

**Fracture and/or Dislocation**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 23540       | Closed treatment of acromioclavicular dislocation, without manipulation | Assistant Surgeon services not payable |
| 23545       | Closed treatment of acromioclavicular dislocation, with manipulation    | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>           | <b>Benefit Restrictions</b>             |
|-------------|------------------------------|---|
| 23929       | Unlisted procedure, shoulder | Requires TAR, Primary Surgeon/ Provider |

Humerus (Upper Arm) and Elbow**Incision**

| <b>Code</b> | <b>Description</b>                                    | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 23931       | Incision and drainage, upper arm or elbow area; bursa | Assistant Surgeon services not payable |

**Excision (continued)**

| <b>Code</b> | <b>Description</b>                           | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 24065       | Biopsy arm/elbow, soft tissues, superficial  | Assistant Surgeon services not payable  |
| 24076       | Excision, tumor, deep, facial, intramuscular | Requires TAR, Primary Surgeon/ Provider |
| 24105       | Excision, olecranon bursa                    | Requires TAR, Primary Surgeon/ Provider |

**Introduction or Removal**

| <b>Code</b> | <b>Description</b>                           | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 24200       | Removal arm/elbow foreign body, subcutaneous | Assistant Surgeon services not payable |
| 24220       | Injection procedure for elbow arthrography   | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                   | <b>Benefit Restrictions</b>             |
|-------------|--------------------------------------|---|
| 24999       | Unlisted procedure, humerus or elbow | Requires TAR, Primary Surgeon/ Provider |

Forearm and Wrist**Incision**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 25040       | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body | Assistant Surgeon services not payable |

**Excision**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 25065       | Biopsy, forearm, soft tissues, superficial                              | Assistant Surgeon services not payable  |
| 25075       | Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous | Requires TAR, Primary Surgeon/ Provider |
| 25076       | Excision, tumor, soft tissue of forearm and/or wrist area; deep         | Requires TAR, Primary Surgeon/ Provider |

**Excision (continued)**

| <b>Code</b> | <b>Description</b>                                  | <b>Benefit Restrictions</b>                   |
|-------------|---|---|
| 25085       | Capsulotomy, wrist                                  | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 25115       | Radical excision of bursa/synovia of wrist; flexors | Assistant Surgeon<br>services not payable     |

**Introduction or Removal**

| <b>Code</b> | <b>Description</b>                         | <b>Benefit Restrictions</b>               |
|-------------|--|---|
| 25246       | Injection procedure for wrist arthrography | Assistant Surgeon<br>services not payable |
| 25259       | Manipulation, wrist, under anesthesia      | Assistant Surgeon<br>services not payable |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>                          | <b>Benefit Restrictions</b>                   |
|-------------|---|---|
| 25350       | Osteotomy, radius, distal third             | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 25355       | Osteotomy, radius, middle or proximal third | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 25360       | Osteotomy, ulna                             | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 25365       | Osteotomy, radius and ulna                  | Requires TAR,<br>Primary Surgeon/<br>Provider |

**Fracture and/or Dislocation**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>               |
|-------------|---|---|
| 25505       | Closed treatment of radial shaft fracture, with manipulation  | Assistant Surgeon<br>services not payable |
| 25535       | Closed treatment of ulnar shaft fracture, with manipulation   | Assistant Surgeon<br>services not payable |
| 25605       | Closed treatment of distal radial fracture, with manipulation | Assistant Surgeon<br>services not payable |
| 25622       | Closed treatment of carpal scaphoid fracture                  | Assistant Surgeon<br>services not payable |

**Fracture and/or Dislocation (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 25624       | Closed treatment of carpal scaphoid fracture, manipulation  | Assistant Surgeon services not payable |
| 25635       | Closed treatment of carpal bone fracture, with manipulation | Assistant Surgeon services not payable |
| 25650       | Closed treatment of ulnar styloid fracture                  | Assistant Surgeon services not payable |
| 25660       | Closed treatment of carpal dislocation, with manipulation   | Assistant Surgeon services not payable |
| 25675       | Closed treatment of distal radioulnar dislocation           | Assistant Surgeon services not payable |
| 25690       | Treatment lunate dislocation, with manipulation             | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                   | <b>Benefit Restrictions</b>             |
|-------------|--------------------------------------|---|
| 25999       | Unlisted procedure, forearm or wrist | Requires TAR, Primary Surgeon/ Provider |

**Hand and Fingers****Incision**

| <b>Code</b> | <b>Description</b>                 | <b>Benefit Restrictions</b>            |
|-------------|------------------------------------|--|
| 26010       | Drainage of finger abscess, simple | Assistant Surgeon services not payable |

**Excision**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>   |
|-------------|--|---|
| 26115       | Excision, tumor or vascular malformation, soft tissue of hand/finger; subcutaneous | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |
| 26116       | Excision, tumor or vascular malformation, soft tissue of hand/finger; deep         | Requires TAR, Primary Surgeon/ Provider   |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>              |
|-------------|---|--|
| «25448      | Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed | Requires TAR, Primary Surgeon/ Provider» |
| 26340       | Manipulation, finger joint, under anesthesia, each joint  | Assistant Surgeon services not payable   |
| 26341       | Manipulation, palmar fascial cord, post enzyme injection, single cord   | Assistant Surgeon services not payable   |

**Fracture and/or Dislocation**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 26607       | Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone                              | Assistant Surgeon services not payable |
| 26670       | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia       | Assistant Surgeon services not payable |
| 26675       | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; anesthesia               | Assistant Surgeon services not payable |
| 26676       | Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint             | Assistant Surgeon services not payable |
| 26700       | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia                         | Assistant Surgeon services not payable |
| 26705       | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; anesthesia                                 | Assistant Surgeon services not payable |
| 26706       | Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation                               | Assistant Surgeon services not payable |
| 26720       | Closed treatment of phalangeal shaft fracture; without manipulation, each  | Assistant Surgeon services not payable |
| 26725       | Closed treatment of phalangeal shaft fracture; with manipulation, each   | Assistant Surgeon services not payable |
| 26740       | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, without manipulation, each | Assistant Surgeon services not payable |
| 26742       | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with manipulation, each    | Assistant Surgeon services not payable |

**Fracture and/or Dislocation (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 26750       | Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each          | Assistant Surgeon services not payable |
| 26755       | Closed treatment of distal phalangeal fracture, with manipulation, each                              | Assistant Surgeon services not payable |
| 26770       | Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia | Assistant Surgeon services not payable |
| 26775       | Closed treatment of interphalangeal joint dislocation, single, with manipulation; anesthesia         | Assistant Surgeon services not payable |
| 26776       | Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation       | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                   | <b>Benefit Restrictions</b>             |
|-------------|--------------------------------------|---|
| 26989       | Unlisted procedure, hands or fingers | Requires TAR, Primary Surgeon/ Provider |

Pelvis and Hip Joint**Incision**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 26991       | Incision and drainage, pelvis or hip joint, infected bursa | Assistant Surgeon services not payable |
| 27000       | Tenotomy, adductor of hip, percutaneous                    | Assistant Surgeon services not payable |
| 27001       | Tenotomy, adductor of hip, open                            | Assistant Surgeon services not payable |

**Excision**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 27043       | Excision, tumor, soft tissue, pelvis and hip area, subcutaneous; 3 cm or greater | Assistant Surgeon services not payable  |
| 27048       | Excision, tumor, deep, subfascial, intramuscular                                 | Requires TAR, Primary Surgeon/ Provider |



**Introduction or Removal**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 27086       | Removal of foreign body, pelvis or hip; subcutaneous tissue                      | Assistant Surgeon services not payable |
| 27093       | Injection procedure for hip arthrography; without anesthesia                     | Assistant Surgeon services not payable |
| 27095       | Injection procedure for hip arthrography; with anesthesia                        | Assistant Surgeon services not payable |
| 27096       | Injection procedure for sacroiliac joint, arthrography and/or anesthetic/steroid | Assistant Surgeon services not payable |

**Repair Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 27130       | Total hip arthroplasty                                      | Requires TAR, Primary Surgeon/ Provider |
| 27132       | Total hip arthroplasty                                      | Requires TAR, Primary Surgeon/ Provider |
| 27134       | Revision, total hip arthroplasty, both components           | Requires TAR, Primary Surgeon/ Provider |
| 27137       | Revision, total hip arthroplasty, acetabular component only | Requires TAR, Primary Surgeon/ Provider |
| 27138       | Revision, total hip arthroplasty, femoral component only    | Requires TAR, Primary Surgeon/ Provider |

**Fracture and/or Dislocation**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 27197       | Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation; without manipulation | Assistant Surgeon services not payable |

**Manipulation**

| <b>Code</b> | <b>Description</b>                                    | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 27275       | Manipulation, hip joint, requiring general anesthesia | Assistant Surgeon services not payable |

**Arthrodesis**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 27279       | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance | Requires TAR, Primary Surgeon/ Provider |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                      | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 27299       | Unlisted procedure, pelvis or hip joint | Requires TAR, Primary Surgeon/ Provider |

Femur (Thigh Region) and Knee Joint**Excision**

| <b>Code</b> | <b>Description</b>                               | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 27323       | Biopsy, thigh, soft tissues, superficial         | Assistant Surgeon services not payable  |
| 27328       | Excision, tumor; deep, subfascial, intramuscular | Requires TAR, Primary Surgeon/ Provider |

**Introduction or Removal**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 27369       | Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography      | Assistant Surgeon services not payable  |
| 27418       | Anterior tibial tubercleplasty  | Requires TAR, Primary Surgeon/ Provider |
| 27420       | Reconstruction of dislocating patella   | Requires TAR, Primary Surgeon/ Provider |
| 27422       | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release | Requires TAR, Primary Surgeon/ Provider |
| 27424       | Reconstruction of dislocating patella; with patellectomy  | Requires TAR, Primary Surgeon/ Provider |

**Introduction or Removal (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>                   |
|-------------|---|---|
| 27425       | Lateral retinacular release, open   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27427       | Ligamentous reconstruction, knee; extra-articular   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27428       | Ligamentous reconstruction, knee; intra-articular   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27429       | Ligamentous reconstruction, knee; intra-articular and extra-articular                             | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27437       | Arthroplasty, patella; without prosthesis   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27438       | Arthroplasty, patella; with prosthesis  | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27440       | Arthroplasty, knee, tibial plateau;   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27441       | Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy                      | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27442       | Arthroplasty, femoral condyles or tibial plateau(s), knee   | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27443       | Arthroplasty, knee, femoral condyles or tibial plateaus; with debridement and partial synovectomy | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27445       | Arthroplasty, knee, hinge prosthesis  | Requires TAR,<br>Primary Surgeon/<br>Provider |
| 27446       | Arthroplasty, knee, condyle and plateau; medial or lateral compartment                            | Requires TAR,<br>Primary Surgeon/<br>Provider |

**Introduction or Removal (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 27447       | Total knee arthroplasty  | Requires TAR, Primary Surgeon/ Provider |
| 27455       | Osteotomy, proximal tibia; before epiphyseal closure                     | Requires TAR, Primary Surgeon/ Provider |
| 27457       | Osteotomy, proximal tibia; after epiphyseal closure                      | Requires TAR, Primary Surgeon/ Provider |
| 27486       | Revision of total knee arthroplasty; one component                       | Requires TAR, Primary Surgeon/ Provider |
| 27487       | Revision of total knee arthroplasty; femoral and entire tibial component | Requires TAR, Primary Surgeon/ Provider |

**Manipulation**

| <b>Code</b> | <b>Description</b>                                  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 27570       | Manipulation of knee joint under general anesthesia | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                | <b>Benefit Restrictions</b>             |
|-------------|-----------------------------------|---|
| 27599       | Unlisted procedure, femur or knee | Requires TAR, Primary Surgeon/ Provider |

Leg (Tibia and Fibula) and Ankle Joint**Incision**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 27604       | Incision and drainage, leg or ankle; infected bursa         | Assistant Surgeon services not payable |
| 27605       | Tenotomy, percutaneous, Achilles tendon; local anesthesia   | Assistant Surgeon services not payable |
| 27606       | Tenotomy, percutaneous, Achilles tendon, general anesthesia | Assistant Surgeon services not payable |

**Excision**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 27613       | Biopsy, lower leg, soft tissue; superficial                           | Assistant Surgeon services not payable  |
| 27618       | Excision, tumor, leg or ankle area; subcutaneous tissue               | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |
| 27619       | Excision, tumor, leg or ankle area; deep, subfascial or intramuscular | Requires TAR, Primary Surgeon/ Provider   |

**Introduction or removal**

| <b>Code</b> | <b>Description</b>                         | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 27648       | Injection procedure for ankle arthrography | Assistant Surgeon services not payable |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>                         | <b>Benefit Restrictions</b>             |
|-------------|--|---|
| 27700       | Arthroplasty, ankle                        | Requires TAR, Primary Surgeon/ Provider |
| 27702       | Arthroplasty, ankle; with implant          | Requires TAR, Primary Surgeon/ Provider |
| 27703       | Arthroplasty, ankle; revision, total ankle | Requires TAR, Primary Surgeon/ Provider |

**Manipulation**

| <b>Code</b> | <b>Description</b>                             | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 27860       | Manipulation of ankle under general anesthesia | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>               | <b>Benefit Restrictions</b>             |
|-------------|----------------------------------|---|
| 27899       | Unlisted procedure, leg or ankle | Requires TAR, Primary Surgeon/ Provider |

Foot and Toes**Incision**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 28001       | Incision and drainage, bursa, foot   | Assistant Surgeon services not payable |
| 28002       | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space | Assistant Surgeon services not payable |
| 28003       | Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas      | Assistant Surgeon services not payable |
| 28008       | Fasciotomy, foot and/or toe  | Assistant Surgeon services not payable |
| 28010       | Tenotomy, percutaneous, toe; single tendon   | Assistant Surgeon services not payable |
| 28011       | Tenotomy, percutaneous, toe; multiple tendons  | Assistant Surgeon services not payable |
| 28022       | Arthrotomy, metatarsophalangeal joint  | Assistant Surgeon services not payable |
| 28024       | Arthrotomy, interphalangeal joint  | Assistant Surgeon services not payable |

**Excision**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 28043       | Excision, tumor, foot; subcutaneous tissue  | Assistant Surgeon services not payable  |
| 28045       | Excision, tumor, deep, subfascial, intramuscular  | Requires TAR, Primary Surgeon/ Provider   |
| 28090       | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy); foot         | Requires TAR, Primary Surgeon/ Provider   |
| 28092       | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy); toe(s), each | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |

**Introduction or Removal**

| <b>Code</b> | <b>Description</b>                          | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 28190       | Removal of foreign body, foot; subcutaneous | Assistant Surgeon services not payable |

**Repair, Revision and/or Reconstruction**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 28272       | Capsulotomy; interphalangeal joint, each joint  | Assistant Surgeon services not payable  |
| 28285       | Correction, hammertoe   | Requires TAR, Primary Surgeon/ Provider   |
| 28286       | Correction, cock-up fifth toe, with plastic skin closure  | Requires TAR, Primary Surgeon/ Provider   |
| 28288       | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head  | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 28289       | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant        | Requires TAR, Primary Surgeon/ Provider   |
| 28292       | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with resection of proximal phalanx base                      | Requires TAR, Primary Surgeon/ Provider   |
| 28296       | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with distal metatarsal osteotomy                             | Requires TAR, Primary Surgeon/ Provider   |
| 28297       | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with first metatarsal and medial cuneiform joint arthrodesis | Requires TAR, Primary Surgeon/ Provider   |
| 28298       | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal phalanx osteotomy                              | Requires TAR, Primary Surgeon/ Provider   |
| 28299       | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with double osteotomy  | Requires TAR, Primary Surgeon/ Provider   |

**Repair, Revision and/or Reconstruction (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 28306       | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal                  | Requires TAR, Primary Surgeon/ Provider |
| 28308       | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each | Requires TAR, Primary Surgeon/ Provider |
| 28310       | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe                                    | Requires TAR, Primary Surgeon/ Provider |
| 28312       | Osteotomy other phalanges, any toe  | Requires TAR, Primary Surgeon/ Provider |
| 28313       | Reconstruction, angular deformity of toe, soft tissue procedures only   | Requires TAR, Primary Surgeon/ Provider |
| 28315       | Sesamoidectomy, first toe   | Requires TAR, Primary Surgeon/ Provider |
| 28340       | Reconstruction, toe, macrodactyly, soft tissue resection  | Requires TAR, Primary Surgeon/ Provider |
| 28341       | Reconstruction, toe, macrodactyly, requiring bone resection   | Requires TAR, Primary Surgeon/ Provider |
| 28344       | Reconstruction, toe, polydactyly  | Requires TAR, Primary Surgeon/ Provider |
| 28345       | Reconstruction, toe, syndactyly, with or without skin grafts, each web  | Requires TAR, Primary Surgeon/ Provider |
| 28360       | Reconstruction, cleft foot  | Requires TAR, Primary Surgeon/ Provider |



**Fracture and/or Dislocation**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 28430       | Closed treatment of talus fracture  | Assistant Surgeon services not payable |
| 28435       | Closed treatment of talus fracture, with manipulation                           | Assistant Surgeon services not payable |
| 28436       | Percutaneous skeletal fixation of talus fracture, with manipulation             | Assistant Surgeon services not payable |
| 28455       | Treatment of tarsal bone fracture, with manipulation                            | Assistant Surgeon services not payable |
| 28456       | Percutaneous skeletal fixation of tarsal bone fracture, with manipulation, each | Assistant Surgeon services not payable |
| 28465       | Open treatment of tarsal bone fracture  | Assistant Surgeon services not payable |
| 28470       | Closed treatment of metatarsal fracture   | Assistant Surgeon services not payable |
| 28475       | Closed treatment of metatarsal fracture, with manipulation                      | Assistant Surgeon services not payable |
| 28476       | Percutaneous skeletal fixation of metatarsal fracture                           | Assistant Surgeon services not payable |
| 28490       | Closed treatment of fracture great toe  | Assistant Surgeon services not payable |
| 28495       | Closed treatment of fracture great toe, with manipulation                       | Assistant Surgeon services not payable |
| 28496       | Percutaneous skeletal fixation of fracture great toe                            | Assistant Surgeon services not payable |
| 28510       | Closed treatment of fracture other than great toe                               | Assistant Surgeon services not payable |
| 28515       | Closed treatment of fracture other than great toe, with manipulation            | Assistant Surgeon services not payable |
| 28530       | Closed treatment of sesamoid fracture   | Assistant Surgeon services not payable |
| 28540       | Closed treatment of tarsal bone dislocation                                     | Assistant Surgeon services not payable |
| 28545       | Closed treatment of tarsal bone dislocation, with anesthesia                    | Assistant Surgeon services not payable |
| 28546       | Percutaneous skeletal fixation tarsal bone dislocation, with manipulation       | Assistant Surgeon services not payable |

**Fracture and/or Dislocation (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 28570       | Closed treatment of talotarsal joint dislocation                                       | Assistant Surgeon services not payable |
| 28575       | Closed treatment of talotarsal joint dislocation, with anesthesia                      | Assistant Surgeon services not payable |
| 28600       | Closed treatment of tarsometatarsal joint dislocation                                  | Assistant Surgeon services not payable |
| 28605       | Closed treatment of tarsometatarsal joint dislocation, with anesthesia                 | Assistant Surgeon services not payable |
| 28606       | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation | Assistant Surgeon services not payable |
| 28630       | Closed treatment of metatarsophalangeal joint dislocation                              | Assistant Surgeon services not payable |
| 28635       | Closed treatment of metatarsophalangeal joint dislocation; with anesthesia             | Assistant Surgeon services not payable |
| 28660       | Closed treatment of interphalangeal joint dislocation                                  | Assistant Surgeon services not payable |
| 28665       | Closed treatment of interphalangeal dislocation; with anesthesia                       | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                     | <b>Benefit Restrictions</b>   |
|-------------|--|---|
| 28890       | Extracorporeal shock wave, high energy | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |
| 28899       | Unlisted procedure, foot or toes       | Requires TAR, Primary Surgeon/ Provider   |

Application of Casts and Strapping**Body and Upper Extremity Casts**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 29010       | Application of Risser jacket, localizer, body              | Assistant Surgeon services not payable |
| 29015       | Application of Risser jacket, localizer, including head    | Assistant Surgeon services not payable |
| 29035       | Application of body cast, shoulder to hips                 | Assistant Surgeon services not payable |
| 29040       | Application of body cast, shoulder to hips; including head | Assistant Surgeon services not payable |
| 29044       | Application of body cast, shoulder to hips; one thigh      | Assistant Surgeon services not payable |
| 29046       | Application of body cast, shoulder to hips; both thighs    | Assistant Surgeon services not payable |
| 29049       | Application, cast; figure-of-eight                         | Assistant Surgeon services not payable |
| 29055       | Application, cast; shoulder spica                          | Assistant Surgeon services not payable |
| 29058       | Application, cast; plaster Velpeau                         | Assistant Surgeon services not payable |
| 29065       | Application, cast; shoulder to hand                        | Assistant Surgeon services not payable |
| 29075       | Application, cast; elbow to finger                         | Assistant Surgeon services not payable |
| 29085       | Application, cast; hand and lower forearm                  | Assistant Surgeon services not payable |
| 29086       | Application, cast; finger                                  | Assistant Surgeon services not payable |

**Body and Upper Extremity Splints**

| <b>Code</b> | <b>Description</b>                       | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 29105       | Application of long arm splint           | Assistant Surgeon services not payable |
| 29125       | Application of short arm splint; static  | Assistant Surgeon services not payable |
| 29126       | Application of short arm splint; dynamic | Assistant Surgeon services not payable |

**Body and Upper Extremity Splints (continued)**

| <b>Code</b> | <b>Description</b>                    | <b>Benefit Restrictions</b>            |
|-------------|---------------------------------------|--|
| 29130       | Application of finger splint; static  | Assistant Surgeon services not payable |
| 29131       | Application of finger splint; dynamic | Assistant Surgeon services not payable |

**Body and Upper Extremity Strapping – Any Age**

| <b>Code</b> | <b>Description</b>        | <b>Benefit Restrictions</b>            |
|-------------|---------------------------|--|
| 29200       | Strapping; thorax         | Assistant Surgeon services not payable |
| 29240       | Strapping; shoulder       | Assistant Surgeon services not payable |
| 29260       | Strapping; elbow or wrist | Assistant Surgeon services not payable |
| 29280       | Strapping; hand or finger | Assistant Surgeon services not payable |

**Lower Extremity Casts**

| <b>Code</b> | <b>Description</b>                             | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 29305       | Application of hip spica cast; one leg         | Assistant Surgeon services not payable |
| 29325       | Application of hip spica cast; both legs       | Assistant Surgeon services not payable |
| 29345       | Application of long leg cast                   | Assistant Surgeon services not payable |
| 29355       | Application of long leg cast; ambulatory type  | Assistant Surgeon services not payable |
| 29358       | Application of long leg cast brace             | Assistant Surgeon services not payable |
| 29365       | Application of cylinder cast                   | Assistant Surgeon services not payable |
| 29405       | Application of short leg cast                  | Assistant Surgeon services not payable |
| 29425       | Application of short leg cast; ambulatory type | Assistant Surgeon services not payable |
| 29435       | Application of patellar tendon bearing cast    | Assistant Surgeon services not payable |

**Lower Extremity Casts (continued)**

| <b>Code</b> | <b>Description</b>                              | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 29440       | Adding walker to previously applied cast        | Assistant Surgeon services not payable |
| 29445       | Application of rigid total contact leg cast     | Assistant Surgeon services not payable |
| 29450       | Application of clubfoot cast, long or short leg | Assistant Surgeon services not payable |

**Lower Extremity Splints**

| <b>Code</b> | <b>Description</b>              | <b>Benefit Restrictions</b>            |
|-------------|---------------------------------|--|
| 29505       | Application of long leg splint  | Assistant Surgeon services not payable |
| 29515       | Application of short leg splint | Assistant Surgeon services not payable |

**Lower Extremity Strapping – Any Age**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 29520       | Strapping; hip  | Assistant Surgeon services not payable |
| 29530       | Strapping; knee   | Assistant Surgeon services not payable |
| 29540       | Strapping; ankle and/or foot  | Assistant Surgeon services not payable |
| 29550       | Strapping; toes   | Assistant Surgeon services not payable |
| 29580       | Unna boot   | Assistant Surgeon services not payable |
| 29581       | Application of multi-layer venous wound compression system, below knee              | Assistant Surgeon services not payable |
| 29584       | Application of multi-layer compression system; upper arm, forearm, hand and fingers | Assistant Surgeon services not payable |

**Removal or Repair**

| <b>Code</b> | <b>Description</b>                                | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 29700       | Removal or bivalving; gauntlet, boot or body cast | Assistant Surgeon services not payable |
| 29705       | Removal or bivalving; full arm or full leg cast   | Assistant Surgeon services not payable |
| 29710       | Removal or bivalving; shoulder or hip spica       | Assistant Surgeon services not payable |
| 29720       | Repair of spica, body cast or jacket              | Assistant Surgeon services not payable |
| 29730       | Windowing of cast                                 | Assistant Surgeon services not payable |
| 29740       | Wedging of cast                                   | Assistant Surgeon services not payable |
| 29750       | Wedging of clubfoot cast                          | Assistant Surgeon services not payable |

**Other Procedures**

| <b>Code</b> | <b>Description</b>                       | <b>Benefit Restrictions</b>   |
|-------------|--|---|
| 29799       | Unlisted procedure, casting or strapping | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |

Arthroscopy**Arthroscopy**

| <b>Code</b> | <b>Description</b>                               | <b>Benefit Restrictions</b>   |
|-------------|--|---|
| 29800       | Arthroscopy, temporomandibular joint, diagnostic | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |
| 29804       | Arthroscopy, temporomandibular joint, surgical   | Requires TAR, Primary Surgeon/ Provider, Assistant Surgeon services not payable |

**Arthroscopy (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 29800       | Arthroscopy, temporomandibular joint, diagnostic          | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 29804       | Arthroscopy, temporomandibular joint, surgical            | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 29805       | Arthroscopy, shoulder, diagnostic                         | Assistant Surgeon services not payable  |
| 29819       | Arthroscopy, shoulder, removal loose body                 | Assistant Surgeon services not payable  |
| 29820       | Arthroscopy, shoulder, synovectomy                        | Assistant Surgeon services not payable  |
| 29821       | Arthroscopy, shoulder, synovectomy, complete              | Assistant Surgeon services not payable  |
| 29822       | Arthroscopy, shoulder, debridement                        | Assistant Surgeon services not payable  |
| 29823       | Arthroscopy, shoulder, debridement                        | Assistant Surgeon services not payable  |
| 29825       | Arthroscopy, shoulder, lysis of adhesions                 | Assistant Surgeon services not payable  |
| 29826       | Arthroscopy, shoulder, decompression of subacromial space | Assistant Surgeon services not payable  |
| 29827       | Arthroscopy, with rotator cuff repair                     | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 29828       | Arthroscopy, biceps tenodesis                             | Assistant Surgeon services not payable  |
| 29830       | Arthroscopy, elbow, diagnostic                            | Assistant Surgeon services not payable  |

**Arthroscopy (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 29800       | Arthroscopy, temporomandibular joint, diagnostic  | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 29804       | Arthroscopy, temporomandibular joint, surgical  | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 29805       | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)   | Assistant Surgeon services not payable  |
| 29819       | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body   | Assistant Surgeon services not payable  |
| 29820       | Arthroscopy, shoulder, surgical; synovectomy, partial   | Assistant Surgeon services not payable  |
| 29821       | Arthroscopy, shoulder, surgical; synovectomy, complete  | Assistant Surgeon services not payable  |
| 29822       | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])      | Assistant Surgeon services not payable  |
| 29823       | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) | Assistant Surgeon services not payable  |



**Arthroscopy (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>   |
|-------------|---|---|
| 29825       | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation  | Assistant Surgeon services not payable  |
| 29826       | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure) | Assistant Surgeon services not payable  |
| 29827       | Arthroscopy, shoulder, surgical; with rotator cuff repair   | Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable |
| 29828       | Arthroscopy, shoulder, surgical; biceps tenodesis   | Assistant Surgeon services not payable  |
| 29830       | Arthroscopy, elbow, diagnostic  | Assistant Surgeon services not payable  |
| 29834       | Arthroscopy, elbow, removal loose body  | Assistant Surgeon services not payable  |
| 29835       | Arthroscopy, elbow, synovectomy   | Assistant Surgeon services not payable  |
| 29836       | Arthroscopy, synovectomy, complete  | Assistant Surgeon services not payable  |
| 29837       | Arthroscopy, debridement, limited   | Assistant Surgeon services not payable  |
| 29838       | Arthroscopy, elbow, debridement   | Assistant Surgeon services not payable  |
| 29840       | Arthroscopy, wrist, diagnostic  | Assistant Surgeon services not payable  |
| 29843       | Arthroscopy, wrist, surgical  | Assistant Surgeon services not payable  |
| 29844       | Arthroscopy, wrist, synovectomy, partial  | Assistant Surgeon services not payable  |

**Arthroscopy (continued)**

| <b>Code</b> | <b>Description</b>   | <b>Benefit Restrictions</b>            |
|-------------|--|--|
| 29845       | Arthroscopy, wrist, synovectomy, complete  | Assistant Surgeon services not payable |
| 29846       | Arthroscopy, wrist, excision cartilage   | Assistant Surgeon services not payable |
| 29847       | Arthroscopy, wrist, internal fixation  | Assistant Surgeon services not payable |
| 29848       | Endoscopy, wrist, surgical, with release of carpal ligament  | Assistant Surgeon services not payable |
| 29860       | Arthroscopy, hip, diagnostic with or without synovial biopsy   | Assistant Surgeon services not payable |
| 29861       | Arthroscopy, hip, surgical; with removal of loose body or foreign body   | Assistant Surgeon services not payable |
| 29862       | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum | Assistant Surgeon services not payable |
| 29863       | Arthroscopy, hip, surgical; with synovectomy   | Assistant Surgeon services not payable |
| 29866       | Autograft knee implant with scope  | Assistant Surgeon services not payable |
| 29867       | Autograft knee implant with scope  | Assistant Surgeon services not payable |
| 29868       | Meniscal knee transplant with scope  | Assistant Surgeon services not payable |
| 29870       | Arthroscopy, knee, diagnostic  | Assistant Surgeon services not payable |
| 29871       | Arthroscopy, knee, surgical; for infection/lavage/drainage   | Assistant Surgeon services not payable |
| 29873       | Arthroscopy, with lateral release  | Assistant Surgeon services not payable |
| 29874       | Arthroscopy, knee, surgical, removal loose body  | Assistant Surgeon services not payable |

**Arthroscopy (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>            |
|-------------|---|--|
| 29875       | Arthroscopy, knee, surgical, synovectomy, limited   | Assistant Surgeon services not payable |
| 29876       | Arthroscopy, knee, surgical, synovectomy, major   | Assistant Surgeon services not payable |
| 29877       | Arthroscopy, knee, surgical, debridement/shaving of articular cartilage   | Assistant Surgeon services not payable |
| 29879       | Arthroscopy, knee, surgical, abrasion arthroplasty  | Assistant Surgeon services not payable |
| 29880       | Arthroscopy, knee, surgical, meniscectomy (medial and lateral)  | Assistant Surgeon services not payable |
| 29881       | Arthroscopy, knee, surgical, meniscectomy (medial or lateral)   | Assistant Surgeon services not payable |
| 29882       | Arthroscopy, knee, surgical, meniscus repair (medial or lateral)  | Assistant Surgeon services not payable |
| 29883       | Arthroscopy, knee, surgical, meniscus repair (medial and lateral)   | Assistant Surgeon services not payable |
| 29884       | Arthroscopy, knee, surgical, lysis of adhesions   | Assistant Surgeon services not payable |
| 29885       | Arthroscopy, knee, surgical, drilling for osteochondritis dissecans   | Assistant Surgeon services not payable |
| 29886       | Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion   | Assistant Surgeon services not payable |
| 29887       | Arthroscopy, knee, surgical, drilling for intact osteochondritis dissecans lesion with internal fixation  | Assistant Surgeon services not payable |
| 29891       | Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect                                      | Assistant Surgeon services not payable |
| 29892       | Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation | Assistant Surgeon services not payable |
| 29893       | Endoscopic plantar fasciotomy   | Assistant Surgeon services not payable |

**Arthroscopy (continued)**

| <b>Code</b> | <b>Description</b>  | <b>Benefit Restrictions</b>             |
|-------------|---|---|
| 29894       | Arthroscopy, ankle, surgical, removal loose body                                  | Assistant Surgeon services not payable  |
| 29895       | Arthroscopy, ankle, surgical, synovectomy   | Assistant Surgeon services not payable  |
| 29897       | Arthroscopy, ankle, surgical, debridement, limited                                | Assistant Surgeon services not payable  |
| 29898       | Arthroscopy, ankle, surgical, debridement, extensive                              | Assistant Surgeon services not payable  |
| 29899       | Arthroscopy, ankle, surgical, with ankle arthrodesis                              | Assistant Surgeon services not payable  |
| 29900       | Arthroscopy, MCP joint, diagnostic  | Assistant Surgeon services not payable  |
| 29904       | Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body | Assistant Surgeon services not payable  |
| 29905       | Arthroscopy, with synovectomy   | Assistant Surgeon services not payable  |
| 29906       | Arthroscopy, with debridement   | Assistant Surgeon services not payable  |
| 29907       | Arthroscopy, with subtalar arthrodesis  | Assistant Surgeon services not payable  |
| 29999       | Unlisted procedure, arthroscopy   | Requires TAR, Primary Surgeon/ 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.   |