

TAR and Non-Benefit List: Codes 60000 thru 69999

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«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

Endocrine System

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

Thyroid Gland

Incision

Code	Description	Benefit Restrictions
60000	Incision and drainage of thyroglossal duct cyst, infected	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
60100	Biopsy, thyroid, percutaneous needle	Assistant Surgeon services not payable

Removal

Code	Description	Benefit Restrictions
60300	Aspiration and/or injection, thyroid cyst	Assistant Surgeon services not payable

Parathyroid, Thymus, Adrenal Glands, Pancreas and Carotid Body**Laparoscopy**

Code	Description	Benefit Restrictions
60650	Laparoscopy, surgical, with adrenalectomy	Requires TAR, Primary Surgeon/ Provider
60659	Unlisted laparoscopy procedure, endocrine system	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Requires TAR, Primary Surgeon/ Provider
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/ Provider
60699	Unlisted procedure, endocrine system	Requires TAR, Primary Surgeon/ Provider

Nervous SystemSkull, Meninges and Brain**Injection, Drainage or Aspiration**

Code	Description	Benefit Restrictions
61000	Subdural tap; initial	Assistant Surgeon services not payable
61001	Subdural tap; subsequent	Assistant Surgeon services not payable
61020	Ventricular puncture; without injection	Assistant Surgeon services not payable

Injection, Drainage or Aspiration (continued)

Code	Description	Benefit Restrictions
61026	Ventricular puncture; with injection	Assistant Surgeon services not payable
61050	Cisternal or lateral cervical puncture; without injection	Assistant Surgeon services not payable
61055	Cisternal or lateral cervical puncture; with injection	Assistant Surgeon services not payable
61070	Puncture of shunt tubing for aspiration or injection	Assistant Surgeon services not payable

Twist Drill, Burr Hole(s) or Trephine

Code	Description	Benefit Restrictions
61105	Twist drill hole for subdural or ventricular puncture	Assistant Surgeon services not payable
61107	Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device	Assistant Surgeon services not payable
61108	Twist drill hole for puncture; evacuate hematoma	Assistant Surgeon services not payable
61151	Burr hole(s) or trephine; subsequent tapping of abscess/cyst	Assistant Surgeon services not payable

Endovascular Therapy

Code	Description	Benefit Restrictions
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial	Assistant Surgeon services not payable
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial; initial vascular territory	Assistant Surgeon services not payable
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial; each additional vascular territory	Assistant Surgeon services not payable

Surgery of Skull Base**Intracranial Imaging**

Code	Description	Benefit Restrictions
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Assistant Surgeon services not payable
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Assistant Surgeon services not payable

Neurostimulators (Intracranial)

Code	Description	Benefit Restrictions
61850	Burr holes, implantation neurostimulator electrodes; cortical	Non-Benefit
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes; cortical	Non-Benefit
61863	Twist drill, burr hole, craniotomy, or craniotomy with stereotactic implantation of neurostimulator electrode array in subcortical site; first array	Non-Benefit
61864	Twist drill, burr hole, craniotomy, or craniotomy with stereotactic implantation of neurostimulator electrode array in subcortical site; each additional array	Non-Benefit
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implementation of neurostimulator electrode array in subcortical site, with use of intraoperative microelectrode recording; first array	Requires TAR, Primary Surgeon/ Provider
61868	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implementation of neurostimulator electrode array in subcortical site, with use of intraoperative microelectrode recording; each additional array	Requires TAR, Primary Surgeon/ Provider
61880	Revision/removal intracranial neurostimulator electrodes	Requires TAR, Primary Surgeon/ Provider
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver; with connection to two or more electrode arrays	Assistant Surgeon services not payable

Neurostimulators (Intracranial) (continued)

Code	Description	Benefit Restrictions
61888	Revision or removal/cranial neurostimulator	Requires TAR, Primary Surgeon/ Provider

Cerebrospinal Fluid (CSF) Shunt

Code	Description	Benefit Restrictions
62252	Reprogramming of programmable cerebrospinal shunt	Assistant Surgeon services not payable

Spine and Spinal Cord**Injection, Drainage or Aspiration**

Code	Description	Benefit Restrictions
62263	Percutaneous lysis of epidural adhesions, multiple adhesiolysis sessions; two or more days	Assistant Surgeon services not payable
62264	Percutaneous lysis of epidural adhesions, multiple adhesiolysis sessions; one day	Assistant Surgeon services not payable
62267	Percutaneous aspiration within the nucleus pulposus	Assistant Surgeon services not payable
62268	Percutaneous aspiration, spinal cord cyst or syrinx	Assistant Surgeon services not payable
62269	Biopsy of spinal cord, percutaneous needle	Assistant Surgeon services not payable
62270	Spinal puncture, lumbar, diagnostic	Assistant Surgeon services not payable
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid	Assistant Surgeon services not payable
62273	Injection, epidural, of blood or clot patch	Assistant Surgeon services not payable

Injection, Drainage or Aspiration (continued)

Code	Description	Benefit Restrictions
62280	Injection/infusion of neurolytic substance; subarachnoid	Assistant Surgeon services not payable
62281	Injection of neurolytic substance; epidural, cervical, thoracic	Assistant Surgeon services not payable
62282	Injection/infusion of neurolytic substance; epidural, lumbar, sacral (caudal)	Assistant Surgeon services not payable
62284	Injection procedure for myelography and/or computed tomography, lumbar (other than C1-C2 and posterior fossa)	Assistant Surgeon services not payable
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other indirect visualization	Assistant Surgeon services not payable
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	Assistant Surgeon services not payable
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	Assistant Surgeon services not payable
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	Assistant Surgeon services not payable
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	Assistant Surgeon services not payable
62305	Myelography via lumbar injection, including radiological supervision and interpretation; two or more regions	Assistant Surgeon services not payable
62320	Injection(s), of diagnostic or therapeutic substance(s), cervical or thoracic; without imaging guidance	Assistant Surgeon services not payable
62321	Injection(s), of diagnostic or therapeutic substance(s), cervical or thoracic; with imaging guidance	Assistant Surgeon services not payable
62322	Injection(s), of diagnostic or therapeutic substance(s), lumbar or sacral (caudal); without imaging guidance	Assistant Surgeon services not payable
62323	Injection(s), of diagnostic or therapeutic substance(s), lumbar or sacral (caudal); with imaging guidance	Assistant Surgeon services not payable
62324	Injection(s), including indwelling catheter placement, cervical or thoracic; without imaging guidance	Assistant Surgeon services not payable
62325	Injection(s), including indwelling catheter placement, cervical or thoracic; with imaging guidance	Assistant Surgeon services not payable

Injection, Drainage or Aspiration (continued)

Code	Description	Benefit Restrictions
62326	Injection(s), including indwelling catheter placement, lumbar or sacral (caudal); without imaging guidance	Assistant Surgeon services not payable
62327	Injection(s), including indwelling catheter placement, lumbar or sacral (caudal); with imaging guidance	Assistant Surgeon services not payable
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Assistant Surgeon services not payable
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Assistant Surgeon services not payable

Reservoir/Pump Implantation

Code	Description	Benefit Restrictions
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; without reprogramming	Assistant Surgeon services not payable
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming	Assistant Surgeon services not payable
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming and refill	Assistant Surgeon services not payable
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion; with reprogramming and refill (requiring physician's skill)	Assistant Surgeon services not payable

Neurostimulators (Spinal)

Code	Description	Benefit Restrictions
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Requires TAR, Primary Surgeon/ Provider
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Requires TAR, Primary Surgeon/ Provider
63685	Insertion or replacement of spinal neurostimulator pulse generator/receiver	Requires TAR, Primary Surgeon/ Provider

Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System

Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic

Somatic Nerves

Code	Description	Benefit Restrictions
64400	Injection, anesthetic agent; trigeminal nerve	Assistant Surgeon services not payable
64405	Injection, anesthetic agent; greater occipital nerve	Assistant Surgeon services not payable
64408	Injection, anesthetic agent; vagus nerve	Assistant Surgeon services not payable
64415	Injection, anesthetic agent; brachial plexus, single	Assistant Surgeon services not payable
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter	Assistant Surgeon services not payable
64417	Injection, anesthetic agent; axillary nerve	Assistant Surgeon services not payable
64418	Injection, anesthetic agent; suprascapular nerve	Assistant Surgeon services not payable
64420	Injection, anesthetic agent; intercostal nerve, single	Assistant Surgeon services not payable
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	Assistant Surgeon services not payable
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	Assistant Surgeon services not payable
64430	Injection, anesthetic agent; pudendal nerve	Assistant Surgeon services not payable
64435	Injection, anesthetic agent; paracervical nerve	Assistant Surgeon services not payable
64445	Injection, anesthetic agent; sciatic nerve, single	Assistant Surgeon services not payable
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter	Assistant Surgeon services not payable
64447	Injection, anesthetic agent; femoral nerve, single	Assistant Surgeon services not payable
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter	Assistant Surgeon services not payable

Somatic Nerves (continued)

Code	Description	Benefit Restrictions
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter	Assistant Surgeon services not payable
64450	Injection, anesthetic agent; other peripheral nerve	Assistant Surgeon services not payable
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance	Assistant Surgeon services not payable
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Assistant Surgeon services not payable
64455	Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)	Assistant Surgeon services not payable
64461	Paravertebral block, thoracic; single injection site	Assistant Surgeon services not payable
64462	Paravertebral block, thoracic; second and any additional injection site(s)	Assistant Surgeon services not payable
64463	Paravertebral block, thoracic; continuous infusion by catheter	Assistant Surgeon services not payable
«64466	Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	Assistant Surgeon services not payable»
«64467	Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	Assistant Surgeon services not payable»
«64468	Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed	Assistant Surgeon services not payable»
«64469	Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed	Assistant Surgeon services not payable»
«64473	Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed	Assistant Surgeon services not payable»
«64474	Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed	Assistant Surgeon services not payable»

Somatic Nerves (continued)

Code	Description	Benefit Restrictions
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	Assistant Surgeon services not payable
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	Assistant Surgeon services not payable
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Assistant Surgeon services not payable
64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	Assistant Surgeon services not payable
64486	Transversus abdominis plane block unilateral; by injection(s)	Assistant Surgeon services not payable
64487	Transversus abdominis plane block unilateral; by continuous infusion(s)	Assistant Surgeon services not payable
64488	Transversus abdominis plane block bilateral; by injection(s)	Assistant Surgeon services not payable
64489	Transversus abdominis plane block bilateral; by continuous infusion(s)	Assistant Surgeon services not payable
64490	Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; single level	Assistant Surgeon services not payable
64491	Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; second level	Assistant Surgeon services not payable
64492	Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, cervical or thoracic; third and any additional levels	Assistant Surgeon services not payable

Somatic Nerves (continued)

Code	Description	Benefit Restrictions
64493	Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; single level	Assistant Surgeon services not payable
64494	Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; second level	Assistant Surgeon services not payable
64495	Injection, diagnostic or therapeutic agent, paravertebral facet joint with image guidance, lumbar or sacral; third and any additional levels	Assistant Surgeon services not payable

Autonomic Nerves

Code	Description	Benefit Restrictions
64505	Injection, anesthetic agent; sphenopalatine ganglion	Assistant Surgeon services not payable
64510	Injection, anesthetic agent; stellate ganglion	Assistant Surgeon services not payable
64517	Injection, anesthetic agent; superior hypogastric plexus	Assistant Surgeon services not payable
64520	Injection, anesthetic agent; lumbar or thoracic	Assistant Surgeon services not payable
64530	Injection, anesthetic agent; celiac plexus	Assistant Surgeon services not payable

Neurostimulators (Peripheral Nerve)

Code	Description	Benefit Restrictions
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	Requires TAR, Primary Surgeon/ Provider
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve	Non-Benefit
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve	Non-Benefit
64566	Posterior tibial neurostimulation percutaneous needle electrode, single treatment, includes programming	Assistant Surgeon services not payable
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Requires TAR, Primary Surgeon/ Provider
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Assistant Surgeon services not payable
64580	Open implantation of neurostimulator electrode array; neuromuscular	Non-Benefit
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Non-Benefit
64585	Revision/removal of peripheral neurostimulator electrode array	Assistant Surgeon services not payable
64590	Insertion or replacement of peripheral neurostimulator generator or receiver	Assistant Surgeon services not payable
64595	Revision/removal peripheral neurostimulator generator or receiver	Assistant Surgeon services not payable
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Assistant Surgeon services not payable
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Assistant Surgeon services not payable
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Assistant Surgeon services not payable

Destruction by Neurolytic Agent Chemodenervation**Somatic Nerves**

Code	Description	Benefit Restrictions
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Assistant Surgeon services not payable
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	Assistant Surgeon services not payable
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	Assistant Surgeon services not payable
64611	Chemodenervation of parotid and submandibular salivary glands	Assistant Surgeon services not payable
64612	Chemodenervation of muscle(s); muscles innervated by facial nerve	Assistant Surgeon services not payable
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral	Assistant Surgeon services not payable
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral	Assistant Surgeon services not payable
64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous	Assistant Surgeon services not payable
64620	Destruction by neurolytic agent; intercostal nerve	Assistant Surgeon services not payable
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Assistant Surgeon services not payable
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance	Assistant Surgeon services not payable
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Assistant Surgeon services not payable
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	Assistant Surgeon services not payable
64630	Destruction by neurolytic agent; pudendal nerve	Assistant Surgeon services not payable
64632	Destruction by neurolytic agent; plantar common digital	Assistant Surgeon services not payable

Somatic Nerves (continued)

Code	Description	Benefit Restrictions
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Assistant Surgeon services not payable
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint	Assistant Surgeon services not payable
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Assistant Surgeon services not payable
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint	Assistant Surgeon services not payable
64640	Destruction by neurolytic agent; other peripheral nerve/branch	Assistant Surgeon services not payable
64642	Chemodenervation of one extremity; 1-4 muscle(s)	Assistant Surgeon services not payable
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s)	Assistant Surgeon services not payable
64644	Chemodenervation of one extremity; 5 or more muscles	Assistant Surgeon services not payable
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles	Assistant Surgeon services not payable
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	Assistant Surgeon services not payable
64647	Chemodenervation of one extremity; 5 or more muscles 6 or more muscles	Assistant Surgeon services not payable

Sympathetic Nerves

Code	Description	Benefit Restrictions
64650	Chemodenervation of eccrine glands; both axillae	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
64653	Chemodenervation of other areas (scalp, face, neck), per day	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
64680	Destruction by neurolytic agent; celiac plexus	Assistant Surgeon services not payable
64681	Destruction by neurolytic agent; superior hypogastric plexus	Assistant Surgeon services not payable

Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

Code	Description	Benefit Restrictions
64721	Neuroplasty/transposition; median nerve at carpal tunnel	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
64999	Unlisted procedure, nervous system	Requires TAR, Primary Surgeon/ Provider

Eye and Ocular Adnexa

Eyeball

Secondary Implant(s) Procedures

Code	Description	Benefit Restrictions
65125	Modification of ocular implant	Assistant Surgeon services not payable

Removal of Foreign Body

Code	Description	Benefit Restrictions
65205	Removal of foreign body, external eye; conjunctival	Assistant Surgeon services not payable
65210	Removal of foreign body, external eye; subconjunctival	Assistant Surgeon services not payable
65220	Removal of foreign body, external eye; corneal	Assistant Surgeon services not payable
65222	Removal of foreign body, external eye; corneal, slit lamp	Assistant Surgeon services not payable

Anterior Segment

Cornea

Excision

Code	Description	Benefit Restrictions
65400	Excision of lesion, cornea	Assistant Surgeon services not payable
65410	Biopsy of cornea	Assistant Surgeon services not payable
65420	Excision or transposition of pterygium	Assistant Surgeon services not payable

Removal or Destruction

Code	Description	Benefit Restrictions
65450	Destruction of lesion of cornea	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
65760	Keratomileusis	Non-Benefit
65765	Keratophakia	Non-Benefit
65767	Epikeratoplasty	Non-Benefit
65770	Keratoprosthesis	Requires TAR, Primary Surgeon/ Provider
65771	Radial keratotomy	Non-Benefit
65772	Corneal relaxing incision	Non-Benefit
65775	Corneal wedge resection	Non-Benefit
65785	Implantation of intrastromal corneal ring segments	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Anterior Chamber**Incision**

Code	Description	Benefit Restrictions
65800	Paracentesis of anterior chamber; removal of aqueous	Assistant Surgeon services not payable
65810	Paracentesis of anterior chamber; removal vitreous	Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
66020	Injection, anterior chamber of eye; air or liquid	Assistant Surgeon services not payable
66030	Injection, anterior chamber of eye; medication	Assistant Surgeon services not payable

Anterior Sclera**Excision**

Code	Description	Benefit Restrictions
66174	Transluminal dilation of aqueous outflow canal; without retention of device or stent	Non-Benefit
66175	Transluminal dilation of aqueous outflow canal; with retention of device or stent	Non-Benefit

Aqueous Shunt

Code	Description	Benefit Restrictions
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Non-Benefit

Iris, Ciliary Body**Destruction**

Code	Description	Benefit Restrictions
66761	Iridotomy/iridectomy by laser surgery	Assistant Surgeon services not payable
66762	Iridoplasty by photocoagulation	Assistant Surgeon services not payable

Lens**Removal**

Code	Description	Benefit Restrictions
66830	Removal of secondary membranous cataract	Requires TAR, Primary Surgeon/ Provider
66840	Removal of lens material; aspiration technique	Requires TAR, Primary Surgeon/ Provider
66850	Removal lens material; phacofragmentation technique	Requires TAR, Primary Surgeon/ Provider
66852	Removal of lens material; pars plana approach	Requires TAR, Primary Surgeon/ Provider
66920	Removal of lens material; intracapsular	Requires TAR, Primary Surgeon/ Provider
66930	Removal of lens material; intracapsular, dislocated lens	Requires TAR, Primary Surgeon/ Provider
66940	Removal of lens material; extracapsular	Requires TAR, Primary Surgeon/ Provider

Intraocular Lens Procedures

Code	Description	Benefit Restrictions
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis, complex	Requires TAR, Primary Surgeon/ Provider
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis	Requires TAR, Primary Surgeon/ Provider
66984	Extracapsular cataract removal with insertion intraocular lens prosthesis	Requires TAR, Primary Surgeon/ Provider
66985	Insertion of intraocular lens prosthesis, not associated with concurrent cataract removal	Requires TAR, Primary Surgeon/ Provider
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis, complex	Requires TAR, Primary Surgeon/ Provider
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis, with endoscopic cyclophotocoagulation	Requires TAR, Primary Surgeon/ Provider
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Assistant Surgeon not payable
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Assistant Surgeon not payable

Other Procedures

Code	Description	Benefit Restrictions
66990	Use of ophthalmic endoscope	Assistant Surgeon services not payable
66999	Unlisted procedure, anterior segment of eye	Requires TAR, Primary Surgeon/ Provider

Posterior SegmentRetina or Choroid**Repair**

Code	Description	Benefit Restrictions
67101	Repair of retinal detachment; cryotherapy	Assistant Surgeon services not payable
67105	Repair of retinal detachment; photocoagulation	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
67299	Unlisted procedure, posterior segment	Requires TAR, Primary Surgeon/ Provider

Ocular Adnexa**Extraocular Muscles**

Code	Description	Benefit Restrictions
67311	Strabismus surgery, recession or resection procedure; one horizontal muscle	Requires TAR, Primary Surgeon/ Provider
67312	Strabismus surgery; two horizontal muscles	Requires TAR, Primary Surgeon/ Provider
67314	Strabismus surgery; one vertical muscle	Requires TAR, Primary Surgeon/ Provider
67316	Strabismus surgery; two or more vertical muscles	Requires TAR, Primary Surgeon/ Provider

Extraocular Muscles (continued)

Code	Description	Benefit Restrictions
67318	Strabismus surgery, any procedure, superior oblique muscle	Requires TAR, Primary Surgeon/ Provider
67320	Transposition procedure, any extraocular muscle	Requires TAR, Primary Surgeon/ Provider
67331	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles	Requires TAR, Primary Surgeon/ Provider
67332	Strabismus surgery on patient with scarring of extraocular muscles or restrictive myopathy	Requires TAR, Primary Surgeon/ Provider
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession	Requires TAR, Primary Surgeon/ Provider
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)	Requires TAR, Primary Surgeon/ Provider
67343	Release of extensive scar tissue without detaching extraocular muscle	Requires TAR, Primary Surgeon/ Provider
67345	Chemodenervation of extraocular muscle	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
67399	Unlisted procedure, ocular muscle	Requires TAR, Primary Surgeon/ Provider

Orbit**Exploration, Excision, Decompression**

Code	Description	Benefit Restrictions
67415	Fine needle aspiration of orbital contents	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
67500	Retrobulbar injection; medication	Assistant Surgeon services not payable
67505	Retrobulbar injection; alcohol	Assistant Surgeon services not payable
67515	Injection of medication or other substance into Tenon's capsule	Assistant Surgeon services not payable
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Assistant Surgeon services not payable
67599	Unlisted procedure, orbit	Requires TAR, Primary Surgeon/ Provider

Eyelids**Incision**

Code	Description	Benefit Restrictions
67700	Blepharotomy, drainage of abscess, eyelid	Assistant Surgeon services not payable
67710	Severing of tarsorrhaphy	Assistant Surgeon services not payable
67715	Canthotomy	Assistant Surgeon services not payable

Excision, Destruction

Code	Description	Benefit Restrictions
67800	Excision of chalazion; single	Assistant Surgeon services not payable
67801	Excision of chalazion; multiple	Assistant Surgeon services not payable
67805	Excision of chalazion; multiple, different lids	Assistant Surgeon services not payable
67810	Biopsy of eyelid	Assistant Surgeon services not payable

Excision, Destruction

Code	Description	Benefit Restrictions
67800	Excision of chalazion; single	Assistant Surgeon services not payable
67801	Excision of chalazion; multiple	Assistant Surgeon services not payable
67805	Excision of chalazion; multiple, different lids	Assistant Surgeon services not payable
67810	Biopsy of eyelid	Assistant Surgeon services not payable
67820	Correction of trichiasis; epilation, by forceps only	Assistant Surgeon services not payable
67825	Correction of trichiasis; epilation, by other than forceps	Assistant Surgeon services not payable
67840	Excision of lesion of eyelids	Assistant Surgeon services not payable
67850	Destruction of lesion of lid margin	Assistant Surgeon services not payable

Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)

Code	Description	Benefit Restrictions
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling	Requires TAR, Primary Surgeon/ Provider
67903	Repair of blepharoptosis; levator resection/advancement, internal	Requires TAR, Primary Surgeon/ Provider
67904	Repair of blepharoptosis; levator resection/advancement, external	Requires TAR, Primary Surgeon/ Provider
67906	Repair of blepharoptosis; superior rectus technique, fascial sling	Requires TAR, Primary Surgeon/ Provider

**Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)
(continued)**

Code	Description	Benefit Restrictions
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	Requires TAR, Primary Surgeon/ Provider
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection	Requires TAR, Primary Surgeon/ Provider
67909	Reduction of overcorrection of ptosis	Requires TAR, Primary Surgeon/ Provider
67911	Correction of lid retraction	Requires TAR, Primary Surgeon/ Provider
67912	Correction of lagophthalmos, with implantation of upper eyelid load	Requires TAR, Primary Surgeon/ Provider
67914	Repair of ectropion; suture	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
67915	Repair of ectropion; thermocauterization	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
67916	Repair of ectropion; excision tarsal wedge	Requires TAR, Primary Surgeon/ Provider
67917	Repair of ectropion; extensive	Requires TAR, Primary Surgeon/ Provider

**Repair (Brow Ptosis, Blepharoptosis, Lid Retraction, Ectropion, Entropion)
(continued)**

Code	Description	Benefit Restrictions
67921	Repair of entropion; suture	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
67922	Repair of entropion; thermocauterization	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
67923	Repair of entropion; excision tarsal wedge	Requires TAR, Primary Surgeon/ Provider
67924	Repair of entropion; extensive	Requires TAR, Primary Surgeon/ Provider

Reconstruction

Code	Description	Benefit Restrictions
67930	Suture recent wound, eyelid; partial thickness	Assistant Surgeon services not payable
67950	Canthoplasty	Requires TAR, Primary Surgeon/ Provider
67961	Excision and repair, eyelid; up to one-fourth of lid margin	Requires TAR, Primary Surgeon/ Provider
67966	Excision and repair, eyelid; over one-fourth of lid margin	Requires TAR, Primary Surgeon/ Provider
67971	Reconstruction, eyelid; up to two-thirds of eyelid	Requires TAR, Primary Surgeon/ Provider
67973	Reconstruction, eyelid; total eyelid, lower	Requires TAR, Primary Surgeon/ Provider
67974	Reconstruction, eyelid; total eyelid, upper	Requires TAR, Primary Surgeon/ Provider
67975	Reconstruction, eyelid; second stage	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
67999	Unlisted procedure, eyelids	Requires TAR, Primary Surgeon/ Provider

Conjunctiva**Incision and Drainage**

Code	Description	Benefit Restrictions
68020	Incision of conjunctiva, drainage cyst	Assistant Surgeon services not payable
68040	Expression of conjunctival follicles	Assistant Surgeon services not payable

Excision and/or Destruction

Code	Description	Benefit Restrictions
68100	Biopsy of conjunctiva	Assistant Surgeon services not payable
68110	Excision of lesion, conjunctiva; up to 1 cm	Assistant Surgeon services not payable
68135	Destruction of lesion, conjunctiva	Assistant Surgeon services not payable

Injection

Code	Description	Benefit Restrictions
68200	Subconjunctival injection	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
68399	Unlisted procedure, conjunctiva	Requires TAR, Primary Surgeon/ Provider

Lacrimal System**Incision**

Code	Description	Benefit Restrictions
68440	Snip incision of lacrimal punctum	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
68700	Plastic repair of canaliculi	Requires TAR, Primary Surgeon/ Provider
68705	Correction of everted punctum, cautery	Assistant Surgeon services not payable
68760	Closure of lacrimal punctum	Assistant Surgeon services not payable
68761	Closure of lacrimal punctum; by plug, each	Assistant Surgeon services not payable

Probing and/or Related Procedures

Code	Description	Benefit Restrictions
68801	Dilation of lacrimal punctum	Assistant Surgeon services not payable
68810	Probing of nasolacrimal duct	Assistant Surgeon services not payable
68840	Probing of lacrimal canaliculi	Assistant Surgeon services not payable
68850	Injection of contrast medium for dacryocystography	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
68899	Unlisted procedure, lacrimal system	Requires TAR, Primary Surgeon/ Provider

Auditory System

External Ear

Incision

Code	Description	Benefit Restrictions
69000	Drainage external ear; simple	Assistant Surgeon services not payable
69020	Drainage external auditory canal, abscess	Assistant Surgeon services not payable
69090	Ear piercing	Non-Benefit

Excision

Code	Description	Benefit Restrictions
69100	Biopsy external ear	Assistant Surgeon services not payable
69105	Biopsy external auditory canal	Assistant Surgeon services not payable
69110	Excision external ear; partial	Assistant Surgeon services not payable

Removal

Code	Description	Benefit Restrictions
69200	Removal foreign body, external ear canal; without anesthesia	Assistant Surgeon services not payable
69205	Removal foreign body, external ear canal; with anesthesia	Assistant Surgeon services not payable
69209	Removal impacted cerumen using irrigation/lavage, unilateral	Assistant Surgeon services not payable
69210	Removal impacted cerumen, requiring instrumentation, unilateral	Assistant Surgeon services not payable
69220	Debridement, mastoidectomy cavity, simple	Assistant Surgeon services not payable
69222	Debridement, mastoidectomy cavity, complex	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
69300	Otoplasty, protruding ear	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
69399	Unlisted procedure, external ear	Requires TAR, Primary Surgeon/ Provider

Middle Ear**Incision**

Code	Description	Benefit Restrictions
69420	Myringotomy	Assistant Surgeon services not payable
69421	Myringotomy, requiring general anesthesia	Non-Benefit
69424	Ventilating tube removal requiring general anesthesia	Assistant Surgeon services not payable
69433	Tympanostomy, local or topical anesthesia	Assistant Surgeon services not payable
69436	Tympanostomy, general anesthesia	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
69610	Tympanic membrane repair	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral	Assistant Surgeon services not payable
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral	Assistant Surgeon services not payable
69710	Implantation bone conduction device, temporal bone	Non-Benefit
69711	Removal/repair bone conduction device, temporal bone	Non-Benefit
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Non-Benefit
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Non-Benefit
69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Non-Benefit
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Non-Benefit
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Assistant Surgeon services not payable
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	Assistant Surgeon services not payable
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); unilateral	Assistant Surgeon services not payable
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (i.e., balloon dilation); bilateral	Assistant Surgeon services not payable
69710	Implantation bone conduction device, temporal bone	Non-Benefit
69711	Removal/repair bone conduction device, temporal bone	Non-Benefit
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	«Requires TAR, Primary Surgeon/ Provider»
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	«Requires TAR, Primary Surgeon/ Provider»
69717	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	«Requires TAR, Primary Surgeon/ Provider»
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	«Requires TAR, Primary Surgeon/ Provider»
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	«Requires TAR, Primary Surgeon/ Provider»
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	«Requires TAR, Primary Surgeon/ Provider»
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	«Requires TAR, Primary Surgeon/ Provider»

Other Procedures (continued)

Code	Description	Benefit Restrictions
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	«Requires TAR, Primary Surgeon/ Provider»
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	«Requires TAR, Primary Surgeon/ Provider»
69799	Unlisted procedure, middle ear	Requires TAR, Primary Surgeon/ Provider

Inner Ear**Introduction**

Code	Description	Benefit Restrictions
69930	Cochlear device implantation	Requires TAR, Primary Surgeon/ Provider

Other Procedures

Code	Description	Benefit Restrictions
69949	Unlisted procedure, inner ear	Requires TAR, Primary Surgeon/ Provider

Temporal Bone, Middle Fossa Approach**Other Procedures**

Code	Description	Benefit Restrictions
69979	Unlisted procedure, temporal bone	Requires TAR, Primary Surgeon/ Provider

Legend

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

Symbol	Description
«	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.