

TAR and Non-Benefit List: Codes 50000 thru 59999

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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

Urinary System

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

Kidney

Excision

Code	Description	Benefit Restrictions
50200	Renal biopsy; percutaneous, by trocar or needle	Assistant Surgeon services not payable

Renal Transplantation

Code	Description	Benefit Restrictions
50300	Donor nephrectomy, from cadaver donor	Non-Benefit
50320	Donor nephrectomy, open from living donor	Requires TAR, Primary Surgeon/ Provider
50323	Preparation of renal allograft, cadaver donor	Non-Benefit
50325	Preparation of renal allograft, living donor	Non-Benefit
50327	Reconstruction of renal allograft, cadaver or living donor, venous anastomosis	Non-Benefit
50328	Reconstruction of renal allograft, cadaver or living donor, arterial anastomosis	Non-Benefit
50329	Reconstruction of renal allograft, cadaver or living donor, ureteral anastomosis	Non-Benefit
50340	Recipient nephrectomy	Requires TAR, Primary Surgeon/ Provider

Renal Transplantation (continued)

Code	Description	Benefit Restrictions
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy	Requires TAR, Primary Surgeon/ Provider
50365	Renal transplant with recipient nephrectomy	Requires TAR, Primary Surgeon/ Provider
50380	Renal autotransplantation, reimplantation	Requires TAR, Primary Surgeon/ Provider

Introduction

Code	Description	Benefit Restrictions
50382	Removal and replacement of internally dwelling ureteral stent	Assistant Surgeon services not payable
50384	Removal of internally dwelling ureteral stent	Assistant Surgeon services not payable
50385	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	Assistant Surgeon services not payable
50386	Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation	Assistant Surgeon services not payable
50387	Removal and replacement of externally accessible nephroureteral catheter requiring fluoroscopic guidance	Assistant Surgeon services not payable
50389	Removal of nephrostomy tube	Assistant Surgeon services not payable
50390	Aspiration/injection renal cyst/pelvis, by needle	Assistant Surgeon services not payable
50391	Instillation of therapeutic agent into renal pelvis and/or ureter	Assistant Surgeon services not payable
50396	Manometric studies through tube	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
50430	Injection procedure for antegrade nephrostogram and/or uterogram; new access	Assistant Surgeon services not payable
50431	Injection procedure for antegrade nephrostogram and/or uterogram; existing access	Assistant Surgeon services not payable
50432	Placement of nephrostomy catheter, percutaneous	Assistant Surgeon services not payable
50433	Placement of nephroureteral catheter, percutaneous	Assistant Surgeon services not payable
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, via preexisting nephrostomy tract	Assistant Surgeon services not payable
50435	Exchange nephrostomy catheter, percutaneous	Assistant Surgeon services not payable
50436	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed	Assistant Surgeon services not payable
50437	Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
50540	Symphysiotomy, horseshoe kidney	Requires TAR, Primary Surgeon/ Provider

Laparoscopy

Code	Description	Benefit Restrictions
50547	Laparoscopy, surgical; donor nephrectomy from living donor (including cold preservation)	Requires TAR, Primary Surgeon/ Provider
50549	Unlisted laparoscopy procedure, renal	Requires TAR, Primary Surgeon/ Provider

Endoscopy

Code	Description	Benefit Restrictions
50551	Renal endoscopy, through established nephrostomy/pyelostomy	Assistant Surgeon services not payable
50553	Renal endoscopy, ureteral catheterization	Assistant Surgeon services not payable
50555	Renal endoscopy, with biopsy	Assistant Surgeon services not payable
50557	Renal endoscopy, with fulguration	Assistant Surgeon services not payable
50561	Renal endoscopy, removal foreign body/calculus	Assistant Surgeon services not payable
50562	Renal endoscopy; with resection of tumor	Assistant Surgeon services not payable
50570	Renal endoscopy, through nephrotomy or pyelotomy	Assistant Surgeon services not payable
50572	Renal endoscopy, with ureteral catheterization	Assistant Surgeon services not payable
50574	Renal endoscopy, with biopsy	Assistant Surgeon services not payable
50575	Renal endoscopy, with endopyelotomy	Assistant Surgeon services not payable
50576	Renal endoscopy, with fulguration	Assistant Surgeon services not payable
50580	Renal endoscopy, removal foreign body/calculus	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
50590	Lithotripsy, extracorporeal shock wave	Assistant Surgeon services not payable
50592	Ablation, one or more renal tumor(s)	Assistant Surgeon services not payable
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Assistant Surgeon services not payable

Ureter**Incision/Biopsy**

Code	Description	Benefit Restrictions
50606	Endoluminal biopsy of ureter and/or renal pelvis	Assistant Surgeon services not payable
50684	Injection procedure through ureterostomy/ indwelling catheter	Assistant Surgeon services not payable
50686	Manometric studies through ureterostomy/indwelling catheter	Assistant Surgeon services not payable
50688	Change of ureterostomy tube or externally	Assistant Surgeon services not payable
50690	Injection procedure visualization ilial conduit	Assistant Surgeon services not payable
50693	Placement of ureteral stent, percutaneous; pre-existing nephrostomy tract	Assistant Surgeon services not payable
50694	Placement of ureteral stent, percutaneous; new access, without separate nephrostomy catheter	Assistant Surgeon services not payable
50695	Placement of ureteral stent, percutaneous; new access, with separate nephrostomy catheter	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
50705	Ureteral embolization or occlusion	Assistant Surgeon services not payable
50706	Balloon dilation, ureteral structure	Assistant Surgeon services not payable

Laparoscopy

Code	Description	Benefit Restrictions
50949	Unlisted laparoscopy procedure, ureter	Requires TAR, Primary Surgeon/ Provider

Endoscopy

Code	Description	Benefit Restrictions
50951	Ureteral endoscopy through ureterostomy	Assistant Surgeon services not payable
50953	Ureteral endoscopy, with ureteral catheterization	Assistant Surgeon services not payable
50955	Ureteral endoscopy, with biopsy	Assistant Surgeon services not payable
50957	Ureteral endoscopy, with fulguration	Assistant Surgeon services not payable
50961	Ureteral endoscopy, removal foreign body/calculus	Assistant Surgeon services not payable
50970	Ureteral endoscopy through ureterotomy	Assistant Surgeon services not payable
50972	Ureteral endoscopy, with ureteral catheterization	Assistant Surgeon services not payable
50974	Ureteral endoscopy, with biopsy	Assistant Surgeon services not payable
50976	Ureteral endoscopy, with fulguration	Assistant Surgeon services not payable
50980	Ureteral endoscopy, removal foreign body/calculus	Assistant Surgeon services not payable

Bladder**Removal**

Code	Description	Benefit Restrictions
51100	Aspiration of bladder; by needle	Assistant Surgeon services not payable
51101	Aspiration of bladder; by trocar or intracatheter	Assistant Surgeon services not payable
51102	Aspiration of bladder; with insertion of suprapubic catheter	Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
51600	Injection procedure cystography/voiding urethrocystography	Assistant Surgeon services not payable
51605	Injection procedure and placement of chain	Assistant Surgeon services not payable
51610	Injection procedure for retrograde urethrocystography	Assistant Surgeon services not payable
51700	Bladder irrigation, simple	Assistant Surgeon services not payable
51701	Insertion of non-indwelling bladder catheter	Assistant Surgeon services not payable
51702	Insertion of temporary indwelling bladder catheter; simple	Assistant Surgeon services not payable
51703	Insertion of temporary indwelling bladder catheter; complicated	Assistant Surgeon services not payable
51710	Change cystostomy tube, complicated	Assistant Surgeon services not payable
51715	Endoscopic injection of implant material, urethra and/or bladder neck	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
51720	Bladder instillation anticarcinogenic agent	Assistant Surgeon services not payable

Urodynamics

Code	Description	Benefit Restrictions
51727	Complex cystometrogram; with urethral pressure profile studies, any technique	Assistant Surgeon services not payable
51728	Complex cystometrogram; with voiding pressure studies, any technique	Assistant Surgeon services not payable
51729	Complex cystometrogram; with voiding pressure studies and urethral pressure profile studies, any technique	Assistant Surgeon services not payable
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	Assistant Surgeon services not payable
51797	Voiding pressure studies, intra-abdominal voiding pressure	Assistant Surgeon services not payable

Laparoscopy

Code	Description	Benefit Restrictions
51999	Unlisted laparoscopy procedure, bladder	Requires TAR, Primary Surgeon/ Provider

Endoscopy – Cystoscopy, Urethroscopy, Cystourethroscopy

Code	Description	Benefit Restrictions
52000	Cystourethroscopy	Assistant Surgeon services not payable
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots	Assistant Surgeon services not payable
52005	Cystourethroscopy, ureteral catheterization	Assistant Surgeon services not payable
52007	Cystourethroscopy, ureteral catheterization, brush biopsy	Assistant Surgeon services not payable
52010	Cystourethroscopy, ejaculatory duct catheterization	Assistant Surgeon services not payable

Transurethral Surgery**Urethra and Bladder**

Code	Description	Benefit Restrictions
52204	Cystourethroscopy, with biopsy(s)	Assistant Surgeon services not payable
52214	Cystourethroscopy, fulguration	Assistant Surgeon services not payable
52224	Cystourethroscopy, fulguration minor lesions	Assistant Surgeon services not payable
52250	Cystourethroscopy, insertion radioactive substance	Assistant Surgeon services not payable
52260	Cystourethroscopy, dilation bladder, general anesthesia	Assistant Surgeon services not payable
52265	Cystourethroscopy, dilation bladder, local anesthesia	Assistant Surgeon services not payable
52270	Cystourethroscopy, internal urethrotomy, female	Assistant Surgeon services not payable
52275	Cystourethroscopy, internal urethrotomy, male	Assistant Surgeon services not payable
52276	Cystourethroscopy, direct vision internal urethrotomy	Assistant Surgeon services not payable
52277	Cystourethroscopy, resection external sphincter	Assistant Surgeon services not payable
52281	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female	Assistant Surgeon services not payable
52282	Cystourethroscopy, with insertion of urethral stent	Assistant Surgeon services not payable
52283	Cystourethroscopy, steroid injection into stricture	Assistant Surgeon services not payable
«52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Assistant Surgeon services not payable»
52285	Cystourethroscopy, treatment female urethral syndrome	Assistant Surgeon services not payable
52287	Cystourethroscopy, with injections(s) for chemodenervation of the bladder	Assistant Surgeon services not payable
52290	Cystourethroscopy, ureteral meatotomy	Assistant Surgeon services not payable

Urethra and Bladder (continued)

Code	Description	Benefit Restrictions
52300	Cystourethroscopy, with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral	Assistant Surgeon services not payable
52305	Cystourethroscopy, resection bladder diverticulum	Assistant Surgeon services not payable
52310	Cystourethroscopy, removal calculus/foreign body, simple	Assistant Surgeon services not payable
52315	Cystourethroscopy, removal calculus/foreign body, complicated	Assistant Surgeon services not payable
52317	Litholapaxy, crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)	Assistant Surgeon services not payable
52318	Litholapaxy, complicated or large	Assistant Surgeon services not payable

Ureter and Pelvis

Code	Description	Benefit Restrictions
52320	Cystourethroscopy; removal ureteral calculus	Assistant Surgeon services not payable
52325	Cystourethroscopy; fragmentation ureteral calculus	Assistant Surgeon services not payable
52327	Cystourethroscopy; subureteric injection of implant material	Assistant Surgeon services not payable
52330	Cystourethroscopy; manipulation	Assistant Surgeon services not payable
52332	Cystourethroscopy, insertion of indwelling ureteral stent	Assistant Surgeon services not payable
52334	Cystourethroscopy, insertion of ureteral guide wire, retrograde	Assistant Surgeon services not payable
52341	Cystourethroscopy; with treatment of ureteral stricture	Assistant Surgeon services not payable
52342	Cystourethroscopy; with treatment of ureteropelvic junction stricture	Assistant Surgeon services not payable
52343	Cystourethroscopy; with treatment of intra-renal stricture	Assistant Surgeon services not payable
52344	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture	Assistant Surgeon services not payable

Ureter and Pelvis (continued)

Code	Description	Benefit Restrictions
52345	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture	Assistant Surgeon services not payable
52346	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture	Assistant Surgeon services not payable
52351	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Assistant Surgeon services not payable
52352	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus	Assistant Surgeon services not payable
52353	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy	Assistant Surgeon services not payable
52354	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion	Assistant Surgeon services not payable
52355	Cystourethroscopy; with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor	Assistant Surgeon services not payable
52356	Cystourethroscopy with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent	Assistant Surgeon services not payable

Vesical Neck and Prostate

Code	Description	Benefit Restrictions
«53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Non-Benefit/Assistant Surgeon services not payable»
«53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Non-Benefit/Assistant Surgeon services not payable»
52402	Cystourethroscopy with transurethral resection or incision	Assistant Surgeon services not payable
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Assistant Surgeon services not payable
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional implant	Assistant Surgeon services not payable
52601	Transurethral electrosurgical resection of prostate	Requires TAR, Primary Surgeon/ Provider
52630	Transurethral resection, residual or regrowth of obstructive tissue	Requires TAR, Primary Surgeon/ Provider
52640	Transurethral resection, postoperative bladder neck contracture	Requires TAR, Primary Surgeon/ Provider
52647	Laser coagulation of prostate, complete	Requires TAR, Primary Surgeon/ Provider
52648	Laser vaporization of prostate, complete	Requires TAR, Primary Surgeon/ Provider
52649	Laser enucleation of the prostate with morcellation	Requires TAR, Primary Surgeon/ Provider
52700	Transurethral drainage of prostatic abscess	Assistant Surgeon services not payable

Urethra**Incision**

Code	Description	Benefit Restrictions
53000	Urethrotomy/urethrostomy, external, pendulous urethra	Assistant Surgeon services not payable
53010	Urethrotomy/urethrostomy, external, perineal urethra	Assistant Surgeon services not payable
53020	Meatotomy, cutting of meatus	Assistant Surgeon services not payable
53025	Meatotomy, cutting of meatus, infant	Assistant Surgeon services not payable
53040	Drainage of deep periurethral abscess	Assistant Surgeon services not payable
53060	Drainage of Skene's gland abscess	Assistant Surgeon services not payable
53080	Drainage of perineal urinary extravasation	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
53200	Biopsy urethra	Assistant Surgeon services not payable
53240	Marsupialization urethral diverticulum	Assistant Surgeon services not payable
53260	Excision/fulguration, urethral polyp	Assistant Surgeon services not payable
53265	Excision/fulguration, urethral caruncle	Assistant Surgeon services not payable
53270	Excision/fulguration, Skene's glands	Assistant Surgeon services not payable
53275	Excision/fulguration, urethral prolapse	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
«53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Assistant Surgeon not payable»
53460	Urethromeatoplasty, with excision of urethral segment	Assistant Surgeon services not payable
53502	Urethrorrhaphy, suture of urethral wound, female	Assistant Surgeon services not payable

Manipulation

Code	Description	Benefit Restrictions
53600	Dilation urethral stricture, male, initial	Assistant Surgeon services not payable
53601	Dilation urethral stricture, male, subsequent	Assistant Surgeon services not payable
53605	Dilation urethral stricture, male, general anesthesia	Assistant Surgeon services not payable
53620	Dilation urethral stricture, male, initial	Assistant Surgeon services not payable
53621	Dilation urethral stricture, male, subsequent	Assistant Surgeon services not payable
53660	Dilation female urethra, initial	Assistant Surgeon services not payable
53661	Dilation female urethra, subsequent	Assistant Surgeon services not payable
53665	Dilation female urethra, anesthesia	Assistant Surgeon services not payable
53675	Catheterization, complicated	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	Requires TAR, Primary Surgeon/ Provider
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	Requires TAR, Primary Surgeon/ Provider
53853	Prostatic water thermotherapy	Non-Benefit
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Assistant Surgeon services not payable
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra	Assistant Surgeon services not payable
53899	Unlisted procedure, urinary system	Requires TAR, Primary Surgeon/ Provider

Male Genital SystemPenis

Code	Description	Benefit Restrictions
54000	Slitting prepuce, dorsal/lateral, newborn	Assistant Surgeon services not payable
54001	Slitting of prepuce, dorsal/lateral, except newborn	Assistant Surgeon services not payable
54015	Incision and drainage of penis, deep	Assistant Surgeon services not payable

Destruction

Code	Description	Benefit Restrictions
54050	Destruction lesions, penis, simple, chemical	Assistant Surgeon services not payable
54055	Destruction lesions, penis, simple, electrodesiccation	Assistant Surgeon services not payable
54056	Destruction lesions, penis, simple, cryosurgery	Assistant Surgeon services not payable
54057	Destruction lesions, penis, simple, laser surgery	Assistant Surgeon services not payable
54060	Destruction lesions, penis, simple, surgical excision	Assistant Surgeon services not payable
54065	Destruction lesion(s), penis, extensive	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
54100	Biopsy of penis; (separate procedure)	Assistant Surgeon services not payable
54105	Biopsy of penis; deep structures	Assistant Surgeon services not payable
54120	Amputation penis, partial	Requires TAR, Primary Surgeon/ Provider
54125	Amputation penis, complete	Requires TAR, Primary Surgeon/ Provider
54130	Amputation penis, radical	Requires TAR, Primary Surgeon/ Provider
54135	Amputation penis, radical; in continuity with pelvic lymphadenectomy	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Excision (continued)

Code	Description	Benefit Restrictions
54150	Circumcision, clamp procedure, newborn	Non-Benefit
54160	Circumcision, surgical excision, other than clamp, device or dorsal slit, neonate	Non-Benefit
54161	Circumcision, surgical excision, other than clamp, device or dorsal slit, older than 28 days of age	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
54162	Lysis or excision of penile post-circumcision adhesions	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
54163	Repair incomplete circumcision	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
54164	Frenulotomy of penis	Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
54200	Injection procedure Peyronie disease	Assistant Surgeon services not payable
54220	Irrigation corpora cavernosa priapism	Assistant Surgeon services not payable
54230	Injection procedure corpora cavernosography	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
54231	Dynamic cavernosometry, with vasoactive drug injection	Non-Benefit
54235	Injection corpora cavernosa	Non-Benefit
54250	Nocturnal penile tumescence test	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
54340	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple	Assistant Surgeon services not payable
54360	Plastic operation on penis to correct angulation	Requires TAR, Primary Surgeon/ Provider
54400	Insertion of penile prosthesis; non-inflatable	Requires TAR, Primary Surgeon/ Provider

Repair (continued)

Code	Description	Benefit Restrictions
54406	Removal of penile prosthesis	Requires TAR, Primary Surgeon/ Provider
54408	Repair of penile prosthesis	Requires TAR, Primary Surgeon/ Provider
54410	Removal/replacement of penile prosthesis	Requires TAR, Primary Surgeon/ Provider
54411	Removal/replacement of penile prosthesis	Requires TAR, Primary Surgeon/ Provider
54415	Removal of penile prosthesis	Requires TAR, Primary Surgeon/ Provider
54416	Removal/replacement of penile prosthesis	Requires TAR, Primary Surgeon/ Provider
54417	Removal/replacement of penile prosthesis	Requires TAR, Primary Surgeon/ Provider

Manipulation

Code	Description	Benefit Restrictions
54450	Foreskin manipulation	Non-Benefit

Testis**Excision**

Code	Description	Benefit Restrictions
54500	Biopsy of testis, needle	Assistant Surgeon services not payable
54505	Biopsy of testis, incisional	Assistant Surgeon services not payable
54512	Excision of extraparenchymal lesion of testis	Assistant Surgeon services not payable
54520	Orchiectomy, simple	Requires TAR, Primary Surgeon/ Provider
54530	Orchiectomy, radical, for tumor, inguinal approach	Requires TAR, Primary Surgeon/ Provider
54535	Orchiectomy, radical, for tumor, with abdominal exploration	Requires TAR, Primary Surgeon/ Provider

Repair

Code	Description	Benefit Restrictions
54620	Fixation of contralateral testis	Requires TAR, Primary Surgeon/ Provider
54660	Insertion testicular prosthesis	Non-Benefit

Laparoscopy

Code	Description	Benefit Restrictions
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	Assistant Surgeon services not payable
54699	Unlisted laparoscopy procedure, testis	Requires TAR, Primary Surgeon/ Provider

Epididymis**Incision**

Code	Description	Benefit Restrictions
54700	Incision/drainage epididymis	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
54800	Biopsy of epididymis, needle	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
54900	Epididymovasostomy, anastomosis epididymis to vas deferens; unilateral	Non-Benefit
54901	Epididymovasostomy, anastomosis epididymis to vas deferens; bilateral	Non-Benefit

Tunica Vaginalis**Incision**

Code	Description	Benefit Restrictions
55000	Puncture aspiration of hydrocele	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
55040	Excision of hydrocele; unilateral	Requires TAR, Primary Surgeon/ Provider
55041	Excision of hydrocele; bilateral	Requires TAR, Primary Surgeon/ Provider

Repair

Code	Description	Benefit Restrictions
55060	Repair of tunica vaginalis hydrocele	Requires TAR, Primary Surgeon/ Provider

Scrotum**Incision**

Code	Description	Benefit Restrictions
55100	Drainage of scrotal wall abscess	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
55175	Scrotoplasty; simple	Requires TAR, Primary Surgeon/ Provider
55180	Scrotoplasty; complicated	Requires TAR, Primary Surgeon/ Provider

Vas Deferens**Incision**

Code	Description	Benefit Restrictions
55200	Vasotomy	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
55250	Vasectomy	Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
55300	Vasectomy	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
55400	Vasovasostomy, vasovasorrhaphy	Non-Benefit

Spermatic Cord**Excision**

Code	Description	Benefit Restrictions
55500	Excision of hydrocele of spermatic cord, unilateral	Requires TAR, Primary Surgeon/ Provider
55520	Excision of lesion of spermatic cord	Requires TAR, Primary Surgeon/ Provider
55530	Excision of varicocele or ligation, spermatic veins	Requires TAR, Primary Surgeon/ Provider
55535	Excision of varicocele or ligation, spermatic veins; abdominal	Requires TAR, Primary Surgeon/ Provider
55540	Excision of varicocele or ligation, spermatic veins; with hernia repair	Requires TAR, Primary Surgeon/ Provider

Laparoscopy

Code	Description	Benefit Restrictions
55550	Laparoscopy, surgical, with ligation of spermatic veins for varicocele	Requires TAR, Primary Surgeon/ Provider
55559	Unlisted laparoscopy procedure, spermatic cord	Requires TAR, Primary Surgeon/ Provider

Seminal Vesicles**Incision**

Code	Description	Benefit Restrictions
55600	Vesiculotomy	Requires TAR, Primary Surgeon/ Provider
55605	Vesiculotomy; complicated	Requires TAR, Primary Surgeon/ Provider

Excision

Code	Description	Benefit Restrictions
55650	Vesiculectomy, any approach	Requires TAR, Primary Surgeon/ Provider
55680	Excision, Mullerian duct cyst	Requires TAR, Primary Surgeon/ Provider

Prostate**Incision**

Code	Description	Benefit Restrictions
55700	Biopsy, prostate; needle or punch	Assistant Surgeon services not payable
55706	Needle biopsies, prostate, transperineal, stereotactic guided	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
«51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Non-Benefit/Assistant Surgeon services not payable»
55870	Electroejaculation	Non-Benefit
55873	Cryosurgical ablation of the prostate	Non-Benefit
55874	Transperineal placement of biodegradable material, periprostic, single or multiple injection(s), including imaging guidance, when performed	Assistant Surgeon services not payable
55876	Placement of interstitial devices(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple	Assistant Surgeon services not payable

Other Procedures (continued)

Code	Description	Benefit Restrictions
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Assistant Surgeon services not payable
«55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Non-Benefit/Assistant Surgeon services not payable»
«55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	Non-Benefit/Assistant Surgeon services not payable»
55899	Unlisted procedure, male genital system	Requires TAR, Primary Surgeon/ Provider

Intersex Surgery**Intersex Surgery**

Code	Description	Benefit Restrictions
55970	Intersex surgery, male to female	Non-Benefit
55980	Intersex surgery, female to male	Non-Benefit

Vulva and Introitus**Incision**

Code	Description	Benefit Restrictions
56405	Incision and drainage of vulva or perineal abscess	Assistant Surgeon services not payable
56420	Incision/drainage Bartholin's gland abscess	Assistant Surgeon services not payable
56440	Marsupialization Bartholin's gland cyst	Assistant Surgeon services not payable
56441	Lysis of labial adhesions	Assistant Surgeon services not payable
56442	Hymenotomy, simple incision	Assistant Surgeon services not payable

Destruction

Code	Description	Benefit Restrictions
56501	Destruction of lesion(s), vulva; simple	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
56605	Biopsy of vulva or perineum, one lesion	Assistant Surgeon services not payable
56606	Biopsy of vulva or perineum, each separate additional lesion	Assistant Surgeon services not payable
56700	Partial hymenectomy or revision of hymenal ring	Assistant Surgeon services not payable
56740	Excision Bartholin's gland/cyst	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
56800	Plastic repair of introitus	Requires TAR, Primary Surgeon/ Provider

Endoscopy

Code	Description	Benefit Restrictions
56820	Colposcopy of the vulva	Assistant Surgeon services not payable
56821	Colposcopy of the vulva with biopsy(s)	Assistant Surgeon services not payable

Vagina**Incision**

Code	Description	Benefit Restrictions
57020	Colpocentesis	Assistant Surgeon services not payable
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	Non-Benefit
57023	Incision and drainage of vaginal hematoma; non-obstetrical	Non-Benefit

Destruction

Code	Description	Benefit Restrictions
57061	Destruction of vaginal lesions; simple	Assistant Surgeon services not payable
57065	Destruction of vaginal lesions; extensive	Assistant Surgeon services not payable

Excision

Code	Description	Benefit Restrictions
57100	Biopsy of vaginal mucosa; simple	Assistant Surgeon services not payable
57106	Vaginectomy, partial removal of vaginal wall	Requires TAR, Primary Surgeon/ Provider
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue	Requires TAR, Primary Surgeon/ Provider
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	Requires TAR, Primary Surgeon/ Provider
57110	Vaginectomy, complete removal of vaginal wall	Requires TAR, Primary Surgeon/ Provider
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue	Requires TAR, Primary Surgeon/ Provider
57120	Colpocleisis	Requires TAR, Primary Surgeon/ Provider

Introduction

Code	Description	Benefit Restrictions
57150	Irrigation/application medicament	Assistant Surgeon services not payable
57155	Insertion of uterine tandems and/or vaginal ovoids for clinical brachytherapy	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Assistant Surgeon services not payable
57160	Fitting and insertion of pessary or other intravaginal support device	Assistant Surgeon services not payable
57170	Diaphragm fitting	Assistant Surgeon services not payable
57180	Introduction hemostatic agent	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
57291	Construction artificial vagina	Requires TAR, Primary Surgeon/ Provider
57292	Construction artificial vagina, with graft	Requires TAR, Primary Surgeon/ Provider

Manipulation

Code	Description	Benefit Restrictions
57400	Dilation vagina under anesthesia	Assistant Surgeon services not payable
57410	Pelvic exam under anesthesia	Assistant Surgeon services not payable
57415	Removal of impacted vaginal foreign body under anesthesia	Assistant Surgeon services not payable

Endoscopy

Code	Description	Benefit Restrictions
57420	Colposcopy of the entire vagina, with cervix	Assistant Surgeon services not payable
57421	Colposcopy of the entire vagina, with cervix if present, with biopsy(s)	Assistant Surgeon services not payable
57452	Colposcopy of the cervix including upper/adjacent vagina	Assistant Surgeon services not payable
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy of cervix/endocervical curettage	Assistant Surgeon services not payable
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	Assistant Surgeon services not payable
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	Assistant Surgeon services not payable
57460	Colposcopy of the cervix including upper/adjacent vagina with loop electrode biopsy(s), of the cervix	Assistant Surgeon services not payable
57461	Colposcopy of the cervix including upper/adjacent vagina, with loop electrode conization	Assistant Surgeon services not payable
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)	Assistant Surgeon services not payable

Cervix Uteri**Excision**

Code	Description	Benefit Restrictions
57500	Biopsy cervix	Assistant Surgeon services not payable
57505	Endocervical curettage	Assistant Surgeon services not payable
57510	Cautery of cervix, electro or thermal	Assistant Surgeon services not payable
57511	Cautery of cervix, cryocautery	Assistant Surgeon services not payable
57513	Cautery of cervix, laser ablation	Assistant Surgeon services not payable
57520	Conization of cervix, with/without fulguration dilation/curettage repair	Assistant Surgeon services not payable

Excision (continued)

Code	Description	Benefit Restrictions
57522	Conization of cervix; loop electrode excision	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
57530	Trachelectomy, amputation of cervix	Requires TAR, Primary Surgeon/ Provider
57540	Excision, cervical stump, abdominal approach	Requires TAR, Primary Surgeon/ Provider
57545	Excision, cervical stump, abdominal approach, pelvic floor repair	Requires TAR, Primary Surgeon/ Provider
57550	Excision, cervical stump, vaginal approach	Requires TAR, Primary Surgeon/ Provider
57555	Excision, cervical stump, vaginal approach, anterior and/or posterior repair	Requires TAR, Primary Surgeon/ Provider
57556	Excision, cervical stump, vaginal approach, repair of enterocele	Requires TAR, Primary Surgeon/ Provider
57558	Dilation and curettage of cervical stump	Assistant Surgeon services not payable

Manipulation

Code	Description	Benefit Restrictions
57800	Dilation cervical canal	Assistant Surgeon services not payable

Corpus Uteri**Excision**

Code	Description	Benefit Restrictions
58100	Endometrial sampling with or without endocervical sampling, without cervical dilation, any method	Assistant Surgeon services not payable
58120	Dilation and curettage, diagnostic	Assistant Surgeon services not payable
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tubes(s), with or without removal of ovary(s)	Requires TAR, Primary Surgeon/ Provider
58152	Total abdominal hysterectomy with colpo-urethrocystopexy	Requires TAR, Primary Surgeon/ Provider
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Requires TAR, Primary Surgeon/ Provider
58200	Total abdominal hysterectomy, with partial vaginectomy and lymph node sampling	Requires TAR, Primary Surgeon/ Provider
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling	Requires TAR, Primary Surgeon/ Provider
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy	Requires TAR, Primary Surgeon/ Provider
58260	Vaginal hysterectomy, for uterus 250 grams or less	Requires TAR, Primary Surgeon/ Provider
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Requires TAR, Primary Surgeon/ Provider
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy, with/without endoscopic control	Requires TAR, Primary Surgeon/ Provider

Excision (continued)

Code	Description	Benefit Restrictions
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	Requires TAR, Primary Surgeon/ Provider
58275	Vaginal hysterectomy, with total or partial vaginectomy	Requires TAR, Primary Surgeon/ Provider
58280	Vaginal hysterectomy; with total or partial vaginectomy; with repair of enterocele	Requires TAR, Primary Surgeon/ Provider
58285	Vaginal hysterectomy, radical	Requires TAR, Primary Surgeon/ Provider
58290	Vaginal hysterectomy, for uterus greater than 250 grams.	Requires TAR, Primary Surgeon/ Provider
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enterocele	Requires TAR, Primary Surgeon/ Provider
58294	Vaginal hysterectomy, for uterus more than 250 grams, with repair of enterocele	Requires TAR, Primary Surgeon/ Provider

Introduction

Code	Description	Benefit Restrictions
58300	Insertion of intrauterine device	Assistant Surgeon services not payable
58301	Removal of intrauterine device	Assistant Surgeon services not payable
58321	Artificial insemination, intra-cervical	Non-Benefit
58322	Artificial insemination, intra-uterine	Non-Benefit
58323	Sperm washing for artificial insemination	Non-Benefit
58340	Catheterization and introduction of saline or contrast material	Assistant Surgeon services not payable
58345	Transcervical introduction of fallopian tube catheter	Non-Benefit
58346	Insert Hemyan uteri capsule	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
58350	Chromotubation of oviduct, including materials	Assistant Surgeon services not payable
58353	Endometrial ablation, thermal, without hysteroscopic guidance	Assistant Surgeon services not payable

Repair

Code	Description	Benefit Restrictions
58400	Uterine suspension	Non-Benefit
58410	Uterine suspension with presacral sympathectomy	Non-Benefit
58540	Hysteroplasty, repair uterine anomaly	Non-Benefit

Laparoscopy/Hysteroscopy

Code	Description	Benefit Restrictions
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider

Laparoscopy/Hysteroscopy (continued)

Code	Description	Benefit Restrictions
58550	Laparoscopy, surgical, with vaginal hysterectomy for uterus 250 grams or less	Requires TAR, Primary Surgeon/ Provider
58552	Laparoscopy, surgical, with vaginal hysterectomy for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider
58553	Laparoscopy, surgical, with vaginal hysterectomy for uterus greater than 250 grams	Requires TAR, Primary Surgeon/ Provider
58554	Laparoscopy, surgical, with vaginal hysterectomy for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider
58555	Hysteroscopy, diagnostic	Assistant Surgeon services not payable
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy	Assistant Surgeon services not payable
58559	Hysteroscopy, surgical; with lysis of intrauterine adhesions	Assistant Surgeon services not payable
58561	Hysteroscopy, surgical; with removal of leiomyomata	Assistant Surgeon services not payable
58562	Hysteroscopy, surgical; with removal of impacted foreign body	Assistant Surgeon services not payable
58563	Hysteroscopy, surgical; with endometrial ablation	Assistant Surgeon services not payable
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less	Requires TAR, Primary Surgeon/ Provider
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider

Laparoscopy/Hysteroscopy (continued)

Code	Description	Benefit Restrictions
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams	Requires TAR, Primary Surgeon/ Provider
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	Requires TAR, Primary Surgeon/ Provider
58575	Laparoscopy, surgical; total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Requires TAR, Primary Surgeon/ Provider
58578	Unlisted laparoscopy procedure, uterus	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
58579	Unlisted hysteroscopy procedure, uterus	Requires TAR, Primary Surgeon/ Provider; Assistant Surgeon services not payable
«58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Assistant Surgeon services not payable»

Oviduct/Ovary**Laparoscopy**

Code	Description	Benefit Restrictions
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Requires TAR, Primary Surgeon/ Provider
58670	Laparoscopy, surgical; with fulguration of oviducts	Assistant Surgeon services not payable
58671	Laparoscopy, surgical; with occlusion of oviducts by device	Assistant Surgeon services not payable
58672	Laparoscopy, surgical; with fimbrioplasty	Non-Benefit
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	Non-Benefit
58679	Unlisted laparoscopy procedure, oviduct, ovary	Requires TAR, Primary Surgeon/ Provider

Excision

Code	Description	Benefit Restrictions
58700	Salpingectomy	Requires TAR, Primary Surgeon/ Provider
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral	Requires TAR, Primary Surgeon/ Provider

Repair

Code	Description	Benefit Restrictions
58750	Tubotubal anastomosis	Non-Benefit
58752	Tubouterine implantation	Non-Benefit
58760	Fimbrioplasty	Non-Benefit
58770	Salpingostomy	Non-Benefit

Ovary**Incision**

Code	Description	Benefit Restrictions
58800	Drainage of ovarian cyst; vaginal approach	Assistant Surgeon services not payable
58820	Drainage of ovarian abscess; vaginal approach, open	Assistant Surgeon services not payable
58825	Transposition, ovary(s)	Non-Benefit

Excision

Code	Description	Benefit Restrictions
58940	Oophorectomy, partial or total, unilateral or bilateral	Requires TAR, Primary Surgeon/ Provider
58943	Oophorectomy; for ovarian, tubal or primary peritoneal malignancy	Requires TAR, Primary Surgeon/ Provider
58953	Bilateral salpingo-oophorectomy, total hysterectomy and debulking	Requires TAR, Primary Surgeon/ Provider
58954	Bilateral salpingo-oophorectomy, hysterectomy; with pelvic lymphadenectomy	Requires TAR, Primary Surgeon/ Provider
58956	Bilateral salpingo-oophorectomy, omentectomy, total abdominal hysterectomy for malignancy	Requires TAR, Primary Surgeon/ Provider

In-Vitro Fertilization**Excision**

Code	Description	Benefit Restrictions
58970	Oocyte retrieval	Non-Benefit
58974	Embryo transfer, intrauterine	Non-Benefit
58976	Gamete, zygote or embryo intrafallopian transfer, any method	Non-Benefit

Excision

Code	Description	Benefit Restrictions
59150	Laparoscopic treatment of ectopic pregnancy	Assistant Surgeon services not payable
59151	Laparoscopic treatment of ectopic pregnancy; salpingectomy and/or oophorectomy	Assistant Surgeon services not payable
59160	Curettage, postpartum	Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
59200	Insertion cervical dilator	Non-Benefit

Repair

Code	Description	Benefit Restrictions
59300	Episiotomy or vaginal, other than attending physician	Assistant Surgeon services not payable

Vaginal Delivery, Antepartum and Postpartum Care

Code	Description	Benefit Restrictions
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps), and postpartum care	Assistant Surgeon services not payable
59410	Vaginal delivery only; including postpartum care	Non-Benefit
59425	Antepartum care, 4 to 6 visits	Non-Benefit
59426	Antepartum care, 7 or more visits	Non-Benefit
59430	Postpartum care only	Non-Benefit
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Assistant Surgeon services not payable
59515	Cesarean delivery only; including postpartum care	Non-Benefit

Excision

Code	Description	Benefit Restrictions
59150	Laparoscopic treatment of ectopic pregnancy	Assistant Surgeon services not payable
59151	Laparoscopic treatment of ectopic pregnancy; salpingectomy and/or oophorectomy	Assistant Surgeon services not payable
59160	Curettage, postpartum	Assistant Surgeon services not payable

Introduction

Code	Description	Benefit Restrictions
59200	Insertion cervical dilator	Non-Benefit

Repair

Code	Description	Benefit Restrictions
59300	Episiotomy or vaginal, other than attending physician	Assistant Surgeon services not payable

Vaginal Delivery, Antepartum and Postpartum Care

Code	Description	Benefit Restrictions
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps), and postpartum care	Assistant Surgeon services not payable
59410	Vaginal delivery only; including postpartum care	Non-Benefit
59425	Antepartum care, 4 to 6 visits	Non-Benefit
59426	Antepartum care, 7 or more visits	Non-Benefit
59430	Postpartum care only	Non-Benefit
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	Assistant Surgeon services not payable
59515	Cesarean delivery only; including postpartum care	Non-Benefit

Delivery After Previous Cesarean Delivery

Code	Description	Benefit Restrictions
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy and/or forceps), and postpartum care after previous cesarean delivery	Assistant Surgeon services not payable
59614	Vaginal delivery only, after previous cesarean delivery; including postpartum care	Non-Benefit
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	Assistant Surgeon services not payable
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	Non-Benefit

Abortion

Code	Description	Benefit Restrictions
59812	Treatment of spontaneous abortion, any trimester	Assistant Surgeon services not payable
59820	Treatment of missed abortion; first trimester	Assistant Surgeon services not payable
59821	Treatment of missed abortion; second trimester	Assistant Surgeon services not payable
59830	Treatment of septic abortion	Assistant Surgeon services not payable
59840	Induced abortion, dilation and curettage	Assistant Surgeon services not payable
59841	Induced abortion, dilation and evacuation	Assistant Surgeon services not payable
59850	Induced abortion, intra-amniotic injection	Assistant Surgeon services not payable
59851	Induced abortion, intra-amniotic injection; dilation and curettage	Assistant Surgeon services not payable
59855	Induced abortion, by one or more vaginal suppositories	Assistant Surgeon services not payable
59856	Induced abortion by suppositories; with dilation and curettage and/or evacuation	Assistant Surgeon services not payable
59857	Induced abortion by suppositories; with hysterotomy	Assistant Surgeon services not payable

Other Procedures

Code	Description	Benefit Restrictions
59866	Multifetal pregnancy reduction(s) (MPR)	Non-Benefit
59870	Uterine evacuation and curettage for hydatidiform mole	Assistant Surgeon services not payable
59897	Unlisted fetal invasive procedure, including ultrasound guidance	Requires TAR, Primary Surgeon/ Provider
59898	Unlisted laparoscopy procedure, maternity care and delivery	Requires TAR, Primary Surgeon/ Provider
59899	Unlisted procedure, maternity care and delivery	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.