

Current Index Report (Case Log System mappings): Neurological Surgery

ADULT CASES:

Index Case Areas	CPT Codes
Aneurysms – Craniotomy and Endovascular	
AREA= Cranial Procedures – Vascular TYPE = Aneurysm - craniotomy	61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
	61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
	62141 Cranioplasty for skull defect; larger than 5 cm diameter
	62140 Cranioplasty for skull defect; up to 5 cm diameter
	62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
	61316 Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
	61591 Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery
	61590 Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery
	69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)
	61613 Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal	

and/or temporal lobe(s); without orbital exenteration
61592 Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
62142 Removal of bone flap or prosthetic plate of skull
62143 Replacement of bone flap or prosthetic plate of skull
61601 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
61615 Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
61606 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)
61705 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery
61697 Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation
61698 Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61700 Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation
61702 Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation
61596 Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery

	<p>61597 Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization</p> <p>61610 Transection or ligation, carotid artery in cavernous sinus; with repair by anastomosis or graft (List separately in addition to code for primary procedure)</p> <p>61609 Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)</p> <p>61612 Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)</p> <p>61611 Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)</p> <p>61598 Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus</p> <p>61595 Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization</p> <p>61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device</p>
<p>AREA = Cranial Procedures – Vascular TYPE = Aneurysm - endovascular</p>	<p>76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation</p> <p>76377 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation</p> <p>75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion</p> <p>61642 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)</p> <p>61641 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List</p>

separately in addition to code for primary procedure)

61640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel

61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion

61705 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery

61708 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis

61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)

61626 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)

0076T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)

0075T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel

37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection

37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection

61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed

75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation

	37202 Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
	75896 Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation
	35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel
	75962 Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation
Brain Tumors (intra-axial and/or extra axial) - Craniotomy	
AREA = Cranial Procedures - Tumor TYPE = intra-axial and/or extra-axial craniotomy	61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion
	61520 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor
	61518 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull
	61519 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma
	61521 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull
	61526 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;
	61530 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy
	61510 Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma
	61512 Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial
	62141 Cranioplasty for skull defect; larger than 5 cm diameter
	62140 Cranioplasty for skull defect; up to 5 cm diameter
	61546 Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach

	<p>61545 Craniotomy with elevation of bone flap; for excision of craniopharyngioma</p> <p>62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)</p> <p>61215 Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter</p> <p>69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)</p> <p>62142 Removal of bone flap or prosthetic plate of skull</p> <p>62143 Replacement of bone flap or prosthetic plate of skull</p> <p>62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p> <p>61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device</p>
<p>Sellar/Parasellar Tumors – Transsphenoidal approach (Endoscopic or Microsurgical)</p>	
<p>AREA = Cranial Procedures - Tumor TYPE = Parasellar/sellar tumor - transsphenoidal</p>	<p>61548 Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic</p> <p>62164 Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage</p> <p>62165 Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach 1/12/2011</p> <p>62162 Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage</p>
<p>Trauma – Total Cranial Procedures</p>	
<p>AREA = Cranial Procedures - Trauma TYPE = Depressed skull fracture/penetrating</p>	<p>61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without</p>

<p>wound</p>	<p>evacuation of associated intraparenchymal hematoma; without lobectomy</p> <p>61570 Craniectomy or craniotomy; with excision of foreign body from brain</p> <p>61571 Craniectomy or craniotomy; with treatment of penetrating wound of brain</p> <p>62141 Cranioplasty for skull defect; larger than 5 cm diameter</p> <p>62140 Cranioplasty for skull defect; up to 5 cm diameter</p> <p>62005 Elevation of depressed skull fracture; compound or comminuted, extradural</p> <p>62000 Elevation of depressed skull fracture; simple, extradural</p> <p>62010 Elevation of depressed skull fracture; with repair of dura and/or debridement of brain</p> <p>62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)</p> <p>61316 Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)</p> <p>21344 Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches</p> <p>21343 Open treatment of depressed frontal sinus fracture</p> <p>62142 Removal of bone flap or prosthetic plate of skull</p> <p>62143 Replacement of bone flap or prosthetic plate of skull</p> <p>61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device</p>
<p>AREA = Cranial Procedures – Trauma TYPE = Hematoma</p>	<p>61154 Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural</p> <p>61156 Burr hole(s); with aspiration of hematoma or cyst, intracerebral</p>

	61314 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural
	61315 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar
	61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural
	61313 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral
	61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
	62141 Cranioplasty for skull defect; larger than 5 cm diameter
	62140 Cranioplasty for skull defect; up to 5 cm diameter
	62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)
	61316 Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
	62142 Removal of bone flap or prosthetic plate of skull
	62143 Replacement of bone flap or prosthetic plate of skull
	61108 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma
	61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device
AREA = Cranial Procedures - Trauma TYPE = Other (trauma)	61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy
	61316 Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)
	61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure

	recording device, or other intracerebral monitoring device
Extracranial Vascular Disease – endarterectomy/endovascular	
AREA = Extracranial/intracranial occlusive vascular disease TYPE = Carotid endarterectomy	35390 Reoperation, carotid, thromboendarterectomy, more than one month after original operation (List separately in addition to code for primary procedure) 35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision
AREA = Extracranial/intracranial occlusive vascular disease TYPE = Carotid angioplasty/stenting (endovascular)	61630 Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous 61642 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure) 61641 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure) 61640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel 61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion 37209 Exchange of a previously placed intravascular catheter during thrombolytic therapy 75900 Exchange of a previously placed intravascular catheter during thrombolytic therapy with contrast monitoring, radiological supervision and interpretation 37184 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel 37185 Primary percutaneous transluminal mechanical thrombectomy, noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure) 37186 Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique),

	noncoronary, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)
	75960 Transcatheter introduction of intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous and/or open, radiological supervision and interpretation, each vessel
	61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)
	61626 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)
	37206 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; each additional vessel (List separately in addition to code for primary procedure)
	37205 Transcatheter placement of an intravascular stent(s) (except coronary, carotid, and vertebral vessel), percutaneous; initial vessel
	0076T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel (List separately in addition to code for primary procedure)
	0075T Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel
	37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection
	37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; without distal embolic protection
	61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
	75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
	37201 Transcatheter therapy, infusion for thrombolysis other than coronary

	<p>37202 Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)</p> <p>75896 Transcatheter therapy, infusion, any method (eg, thrombolysis other than coronary), radiological supervision and interpretation</p> <p>35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel</p> <p>35476 Transluminal balloon angioplasty, percutaneous; venous</p> <p>75962 Transluminal balloon angioplasty, peripheral artery, radiological supervision and interpretation</p> <p>75978 Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation</p>
Disc Disease and/or Spondylosis/Trauma with Instrumentation – Lumbar Spine	
AREA = Spinal Procedures – Disc and/or Spondylosis TYPE = Thoracic with instrumentation/fusion	<p>20930 Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)</p> <p>20931 Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)</p> <p>22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)</p> <p>22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)</p> <p>22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)</p> <p>22556 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</p> <p>22532 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</p>

22534 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)

22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)

22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)

22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)

20936 Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)

20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)

20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)

20975 Electrical stimulation to aid bone healing; invasive (operative)

22841 Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)

22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)

22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)

22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)

22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)

	<p>22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22849 Reinsertion of spinal fixation device</p> <p>22855 Removal of anterior instrumentation</p> <p>22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)</p> <p>22852 Removal of posterior segmental instrumentation</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p>
<p>AREA = Spinal Procedures – Trauma TYPE = Thoracic with instrumentation/fusion</p>	<p>20930 Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)</p> <p>20931 Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)</p> <p>22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)</p> <p>22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)</p> <p>22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)</p> <p>22556 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</p> <p>22532 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</p> <p>22534 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for</p>

decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with or without lateral transverse technique)
20936 Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20975 Electrical stimulation to aid bone healing; invasive (operative)
22841 Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)

	<p>22849 Reinsertion of spinal fixation device</p> <p>22855 Removal of anterior instrumentation</p> <p>22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)</p> <p>22852 Removal of posterior segmental instrumentation</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p>
<p>AREA = Spinal Procedures – Disc and/or Spondylosis TYPE = Lumbar/sacral with instrumentation/fusion</p>	<p>20930 Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)</p> <p>20931 Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)</p> <p>22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)</p> <p>22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)</p> <p>22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)</p> <p>22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</p> <p>22533 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</p> <p>22534 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)</p> <p>22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for</p>

decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
20936 Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
20975 Electrical stimulation to aid bone healing; invasive (operative)
22841 Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)
22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12

	<p>vertebral segments (List separately in addition to code for primary procedure)</p> <p>22849 Reinsertion of spinal fixation device</p> <p>22855 Removal of anterior instrumentation</p> <p>22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)</p> <p>22852 Removal of posterior segmental instrumentation</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p>
<p>AREA = Spinal Procedures – Trauma TYPE = Lumbar/sacral with instrumentation/fusion</p>	<p>20930 Allograft for spine surgery only; morselized (List separately in addition to code for primary procedure)</p> <p>20931 Allograft for spine surgery only; structural (List separately in addition to code for primary procedure)</p> <p>22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)</p> <p>22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), threaded bone dowel(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)</p> <p>22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)</p> <p>22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar</p> <p>22532 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic</p> <p>22534 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for</p>

decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)

22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)

22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar

22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)

22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)

20936 Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)

20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)

20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)

22841 Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)

22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)

22840 Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure)

22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)

22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)

	<p>22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)</p> <p>22849 Reinsertion of spinal fixation device</p> <p>22855 Removal of anterior instrumentation</p> <p>22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)</p> <p>22852 Removal of posterior segmental instrumentation</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p>
<p>Peripheral Nerve Disorders – All Types</p>	
<p>AREA = Peripheral nerve procedures TYPE = Neurolysis/transposition</p>	<p>64726 Decompression; plantar digital nerve</p> <p>64722 Decompression; unspecified nerve(s) (specify)</p> <p>64727 Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)</p> <p>69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)</p> <p>64716 Neuroplasty and/or transposition; cranial nerve (specify)</p> <p>64721 Neuroplasty and/or transposition; median nerve at carpal tunnel</p> <p>64718 Neuroplasty and/or transposition; ulnar nerve at elbow</p> <p>64719 Neuroplasty and/or transposition; ulnar nerve at wrist</p> <p>64713 Neuroplasty, major peripheral nerve, arm or leg; brachial plexus</p> <p>64714 Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus</p>

	<p>64708 Neuroplasty, major peripheral nerve, arm or leg; other than specified</p> <p>64712 Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve</p> <p>64702 Neuroplasty; digital, 1 or both, same digit</p> <p>64704 Neuroplasty; nerve of hand or foot</p> <p>64999 Unlisted procedure, nervous system</p>
<p>AREA = Peripheral nerve procedures TYPE = Nerve repair</p>	<p>64868 Anastomosis; facial-hypoglossal</p> <p>64870 Anastomosis; facial-phrenic</p> <p>64866 Anastomosis; facial-spinal accessory</p> <p>69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)</p> <p>64886 Nerve graft (includes obtaining graft), head or neck; more than 4 cm length</p> <p>64885 Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length</p> <p>64898 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length</p> <p>64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length</p> <p>64896 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length</p> <p>64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length</p> <p>64893 Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length</p> <p>64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length</p> <p>64891 Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length</p>

64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64902 Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64901 Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64905 Nerve pedicle transfer; first stage
64907 Nerve pedicle transfer; second stage
64831 Suture of digital nerve, hand or foot; 1 nerve
64832 Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)
64859 Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64837 Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64864 Suture of facial nerve; extracranial
64865 Suture of facial nerve; infratemporal, with or without grafting
64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857 Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64874 Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64872 Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64876 Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64834 Suture of one nerve; hand or foot, common sensory nerve

	<p>64835 Suture of one nerve; median motor thenar</p> <p>64836 Suture of one nerve; ulnar motor</p> <p>64840 Suture of posterior tibial nerve</p> <p>64858 Suture of sciatic nerve</p> <p>64861 Suture of; brachial plexus</p> <p>64862 Suture of; lumbar plexus</p>
<p>AREA = Peripheral nerve procedures TYPE = Sympathectomy</p>	<p>21616 Excision first and/or cervical rib; with sympathectomy</p> <p>64802 Sympathectomy, cervical</p> <p>64804 Sympathectomy, cervicothoracic</p> <p>64818 Sympathectomy, lumbar</p> <p>64809 Sympathectomy, thoracolumbar</p> <p>64820 Sympathectomy; digital arteries, each digit</p> <p>64821 Sympathectomy; radial artery</p> <p>64823 Sympathectomy; superficial palmar arch</p> <p>64822 Sympathectomy; ulnar artery</p> <p>32664 Thoracoscopy, surgical; with thoracic sympathectomy</p>
<p>AREA = Peripheral nerve procedures TYPE = Nerve stimulation</p>	<p>64550 Application of surface (transcutaneous) neurostimulator</p> <p>64577 Incision for implantation of neurostimulator electrodes; autonomic nerve</p>

	<p>64580 Incision for implantation of neurostimulator electrodes; neuromuscular</p> <p>64575 Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)</p> <p>64581 Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)</p> <p>64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</p> <p>64560 Percutaneous implantation of neurostimulator electrodes; autonomic nerve</p> <p>64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve</p> <p>64565 Percutaneous implantation of neurostimulator electrodes; neuromuscular</p> <p>64555 Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)</p> <p>64561 Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)</p> <p>64585 Revision or removal of peripheral neurostimulator electrodes</p> <p>64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver</p>
<p>AREA = Peripheral nerve procedures TYPE = Peripheral nerve section/rhizotomy</p>	<p>63191 Laminectomy with section of spinal accessory nerve</p> <p>64763 Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy</p> <p>64766 Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy</p> <p>64771 Transection or avulsion of other cranial nerve, extradural</p> <p>64772 Transection or avulsion of other spinal nerve, extradural</p> <p>64742 Transection or avulsion of; facial nerve, differential or complete</p> <p>64744 Transection or avulsion of; greater occipital nerve</p>

	<p>64738 Transection or avulsion of; inferior alveolar nerve by osteotomy</p> <p>64734 Transection or avulsion of; infraorbital nerve</p> <p>64740 Transection or avulsion of; lingual nerve</p> <p>64736 Transection or avulsion of; mental nerve</p> <p>64746 Transection or avulsion of; phrenic nerve</p> <p>64761 Transection or avulsion of; pudendal nerve</p> <p>64732 Transection or avulsion of; supraorbital nerve</p> <p>64760 Transection or avulsion of; vagus nerve (vagotomy), abdominal</p> <p>64752 Transection or avulsion of; vagus nerve (vagotomy), transthoracic</p> <p>64755 Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)</p>
<p>AREA = Peripheral nerve procedures TYPE = Excision tumor/neuroma/neurolytic agent/other</p>	<p>20612 Aspiration and/or injection of ganglion cyst(s) any location</p> <p>64650 Chemodeneration of eccrine glands; both axillae</p> <p>64653 Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day</p> <p>64614 Chemodeneration of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)</p> <p>64612 Chemodeneration of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)</p> <p>64613 Chemodeneration of muscle(s); neck muscle(s) (eg, for spasmodic torticollis, spasmodic dysphonia)</p> <p>63600 Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)</p>

64620	Destruction by neurolytic agent, intercostal nerve
64627	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64626	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64623	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64622	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus
64640	Destruction by neurolytic agent; other peripheral nerve or branch
64630	Destruction by neurolytic agent; pudendal nerve
21705	Division of scalenus anticus; with resection of cervical rib
21700	Division of scalenus anticus; without resection of cervical rib
21615	Excision first and/or cervical rib;
64788	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64792	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64790	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64774	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	Excision of neuroma; digital nerve, 1 or both, same digit

64778	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64783	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64782	Excision of neuroma; hand or foot, except digital nerve
64784	Excision of neuroma; major peripheral nerve, except sciatic
64786	Excision of neuroma; sciatic nerve
64787	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel

PEDIATRIC CASES

Index Case Areas	CPT Codes
Brain Tumors (intra-axial and/or extra axial) - Craniotomy	
AREA = Cranial Procedures - Tumor TYPE = intra-axial and/or extra-axial craniotomy	<p>61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion</p> <p>61520 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor</p> <p>61518 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull</p> <p>61519 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma</p> <p>61521 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull</p> <p>61526 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;</p> <p>61530 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy</p> <p>61510 Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma</p> <p>61512 Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial</p> <p>62141 Cranioplasty for skull defect; larger than 5 cm diameter</p> <p>62140 Cranioplasty for skull defect; up to 5 cm diameter</p> <p>61546 Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach</p> <p>61545 Craniotomy with elevation of bone flap; for excision of craniopharyngioma</p> <p>62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)</p>

	<p>61215 Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter</p> <p>69990 Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)</p> <p>62142 Removal of bone flap or prosthetic plate of skull</p> <p>62143 Replacement of bone flap or prosthetic plate of skull</p> <p>62272 Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p> <p>61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device</p>
Dysraphism – Spinal Procedures (all types)	
AREA = Spinal Procedures - Dysraphism TYPE = Spinal dysraphism	<p>63710 Dural graft, spinal</p> <p>63270 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical</p> <p>63272 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar</p> <p>63273 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral</p> <p>63271 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic</p> <p>63265 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical</p> <p>63267 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar</p> <p>63268 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral</p> <p>63266 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic</p>

63200 Laminectomy, with release of tethered spinal cord, lumbar
63702 Repair of meningocele; larger than 5 cm diameter
63700 Repair of meningocele; less than 5 cm diameter
63706 Repair of myelomeningocele; larger than 5 cm diameter
63704 Repair of myelomeningocele; less than 5 cm diameter

ADULT and PEDIATRIC CASES

Index Case Areas	CPT Codes
Epilepsy (Diagnostic and/or Therapeutic) - Craniotomy	
AREA = Cranial Procedures - Functional TYPE = Epilepsy (therapeutic and/or diag) craniotomy	<p>62141 Cranioplasty for skull defect; larger than 5 cm diameter</p> <p>62140 Cranioplasty for skull defect; up to 5 cm diameter</p> <p>61536 Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)</p> <p>61534 Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery</p> <p>61539 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery</p> <p>61540 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery</p> <p>61538 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery</p> <p>61537 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery</p> <p>61567 Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery</p> <p>61543 Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy</p> <p>61535 Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)</p> <p>61566 Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy</p> <p>61533 Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring</p> <p>61542 Craniotomy with elevation of bone flap; for total hemispherectomy</p>

	<p>61541 Craniotomy with elevation of bone flap; for transection of corpus callosum</p> <p>62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)</p> <p>62142 Removal of bone flap or prosthetic plate of skull</p> <p>62143 Replacement of bone flap or prosthetic plate of skull</p> <p>61795 Stereotactic computer-assisted volumetric (navigational) procedure, intracranial, extracranial, or spinal (List separately in addition to code for primary procedure)</p> <p>61531 Subdural implantation of strip electrodes through one or more burr or trephine hole(s) for long-term seizure monitoring</p>
<p>Movement Disorder – Stimulation/Stereotactic Lesion</p>	
<p>AREA = Cranial Procedures - Functional TYPE = Movement disorder – stimulation/stereotactic lesion</p>	<p>61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar; cortical</p> <p>61875 Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical</p> <p>61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical</p> <p>61720 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus</p> <p>61735 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus</p> <p>95974 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour</p> <p>95972 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (except cranial nerve) neurostimulator pulse generator/transmitter, with</p>

intraoperative or subsequent programming, first hour

95970 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie, cranial nerve, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming

95971 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); simple spinal cord, or peripheral (ie, peripheral nerve, autonomic nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming

61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array

61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays

61888 Revision or removal of cranial neurostimulator pulse generator or receiver

61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical

61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)

61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array

61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)

61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array

