Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
10121	INCISION/REMOVAL OF FORIEGN BODY	02	N	Referral Required
10180	INCISION AND DRAINAGE	02	N	Referral Required
11010	DEBRIDEMENT INCLUDING REMOVAL OF	02	N	Referral Required
11011	DEBRIDEMENT INCLUDING REMOVAL OF	02	N	Referral Required
11012	DEBRIDEMENT INCLDING REMOVAL OF	02	N	Referral Required
11042	DEBRIDEMENT	02	N	Referral Required
11043	DEBRIDEMENT	02	N	Referral Required
11044	DEBRIDEMENT	02	N	Referral Required
11404	EXCISION BENIGN LESION	01	N	Referral Required
11406	EXCISION BENIGN LESION	02	N	Referral Required
11420	EXCISION BENIGN LESION	01	N	Referral Required
11421	EXCISION BENIGN LESION	01	N	Referral Required
11422	EXCISION BENIGN LESION	01	N	Referral Required
11423	EXCISION BENIGN LESION	01	N	Referral Required
11424	EXCSION BENIGN LESION	02	N	Referral Required
11426	EXCISION BENIGN LESION	02	N	Referral Required
11440	EXCISION OTHER BENIGN LESION	01	N	Referral Required
11441	EXCISION OTHER BENIGN LESION	01	N	Referral Required
11442	EXCISION OTHER BENIGN LESION	01	N	Referral Required
11443	EXCISION OTHER BENIGN LESION	01	N	Referral Required
11444	EXCISION OTHER BENIGN LESION	01	N	Referral Required
11446	EXCISION OTHER BENIGN LESION	02	N	Referral Required
11450	EXCISION SKIN & SUBCUTANEOUS TISSUE	02	N	Referral Required
11451	EXCISION SKIN & SUBCUTANEOUS TISSUE	02	N	Referral Required
11462	EXCISION SKIN & SUBCUTANEOUS TISSUE	02	N	Referral Required
11463	EXCISION SKIN & SUBCUTANEOUS TISSUE	02	N	Referral Required
11470	EXCISION SKIN & SUBCUTANEOUS TISSUE	02	N	Referral Required
11471	EXCISION SKIN & SUBCUTANEOUS TISSUE	02	N	Referral Required
11604	EXCISION MALIGNANT LESION	02	N	Referral Required
11606	EXCISION MALIGNANT LESION	02	N	Referral Required
11624	EXCISION MALIGNANT LESION	02	N	Referral Required
11626	EXCISION MALIGNANT LESION	02	N	Referral Required
11644	EXCISION MALIGNANT LESION	02	N	Referral Required
11646	EXCISION MALIGNANT LESION	02	N	Referral Required
11770	EXCISION PILONIDAL CYST OR SINUS	03	N	Referral Required
11771	EXCISION PILONIDAL CYST OR SINUS	03	N	Referral Required
11772	EXCISION PILONIDAL CYST OR SINUS	03	N	Referral Required
11960	INSERTION OF TISSUE EXPANDERS	02	N	Referral Required
11970	REPLACEMENT OF TISSUE EXPANDER	03	Y	Referral Required
11971	REMOVAL OF TISSUE EXPANDER(S)	01	N	Referral Required
12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	02	N	Referral Required
12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	02	N	Referral Required
12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	02	N	Referral Required
12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	02	N	Referral Required
12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	02	N	Referral Required
12020	TREATMENT SUPERFICIAL WOUND	01	N	Referral Required
12021	TREAT SUPERFICIAL WOUND SIMP	01	N	Referral Required
12034	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12035	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12036	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12037	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12044	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12045	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12046	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12047	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12054	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12055	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12056	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
12057	LAYER CLOSURE OF WOUNDS	02	N	Referral Required
13100	RECONSTRUCTIVE REPAIR, COMPLEX	02	N	Referral Required
13101	RECONSTRUCTIVE REPAIR, COMPLEX	03	N	Referral Required
13102	REPAIR COMPLEX	02	N	Referral Required
13120	RECONSTRUCTIVE REPAIR, COMPLEX	02	N	Referral Required
13121	RECONSTRUCTIVE REPAIR, COMPLEX	03	N	Referral Required
13122	REPAIR, COMPLEX	02	N	Referral Required
13131	RECONSTRUCTIVE REPAIR, COMPLEX	02	N	Referral Required
13132	RECONSTRUCTIVE REPAIR, COMPLEX	03	N	Referral Required
13133	REPAIR, COMPLEX-ADD ON	02	N	Referral Required
13150	RECONSTRUCTIVE REPAIR, COMPLEX	03	N	Referral Required
13151	RECONSTRUCTIVE REPAIR, COMPLEX	03	N	Referral Required
13152	RECONSTRUCTIVE REPAIR, COMPLEX	03	N	Referral Required
13153	REPAIR, COMPLEX-ADD ON	03	N	Referral Required
13160	SECONDARY CLOSURE	02	N	Referral Required
14000	ADJACENT TISSUE TRANSFER/REARRANGE	02	N	Referral Required
14001	ADJACENT TISSUE TRANSFER/REARRANGE	03	N	Referral Required
14020	ADACENT TISSUE TRANSFER/REARRANGE	03	N	Referral Required
14021	ADJACENT TISSUE TRANSFER/REARRANGE	03	N	Referral Required
14040	ADJACENT TISSUE TRANSFER/REARRANGE	02	N	Referral Required
14041	ADJACENT TISSUE TRANSFER/REARRANGE	03	N	Referral Required
14060	ADJACENT TISSUE TRANSFER/REARRANGE	03	N	Referral Required
14061	ADJACENT TISSUE TRANSFER/REARRANGE	03	N	Referral Required
14301	ADJACENT TISSUE TRANSFER OR REARRA	04	N	Referral Required
14302	EACH ADDITIONAL 30.0 SQ CM, OR PAR	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
14350	FILLETED FINGER OR TOE FLAP	03	N	Referral Required
15002	SURGICAL PREPARATION OR CREATION O	02	N	Referral Required
15003	SURGICAL PREPARATION/CREATION OF R	01	N	Referral Required
15004	SURGICAL PREPARATION/CREATION OF S	02	N	Referral Required
15005	SURGICAL PREPARATION OR CREATION/S	01	N	Referral Required
15040	HARVEST OF SKIN/TISSUE	02	N	Referral Required
15050	PINCH GRAFT/SINGLE OR MULTIPLE	02	N	Referral Required
15100	SPLIT GRAFT/TRUNK,ARMS,LEGS	02	N	Referral Required
15101	SPLIT SKIN GRAFT	03	N	Referral Required
15110	EPIDERMAL AUTOGRAFT	02	N	Referral Required
15111	EPIDERMAL AUTOGRAFT	02	N	Referral Required
15115	EPIDERMAL AUTOGRAFT	02	N	Referral Required
15116	EPIDERMAL AUTOGRAFT	02	N	Referral Required
15120	SPLIT SKIN GRAFT-FACE,SCALP,EYELIDS	02	N	Referral Required
15121	SPLIT GRAFT/FACE,SCALP,EYELIDS,	03	N	Referral Required
15130	DERMAL AUTOGRAFT	02	N	Referral Required
15131	DERMAL AUTOGRAFT	02	N	Referral Required
15135	DERMAL AUTOGRAFT	02	N	Referral Required
15136	DERMAL AUTOGRAFT	02	N	Referral Required
15150	TISSUE CULTURED EPIDERMAL	02	N	Referral Required
15151	TISSUE CULTURED EPIDERMAL	02	N	Referral Required
15152	TISSUE CULTUR EPIDERMA	02	N	Referral Required
15155	TISSUE CULTURE EPIDERMAL	02	N	Referral Required
15156	TISSUE CULTURE EPIDERMAL	02	N	Referral Required
15157	TISSUE CULTURED EPIDERMAL	02	N	Referral Required
15170	ACELLULAR DERMAL REPLACEMENT, TRUN	02	N	Referral Required
15171	ACELLULAR DERMAL REPLACE,TRUNK,ARM	02	N	Referral Required
15175	ACELLULAR DERMAL REPLACEMEN	02	N	Referral Required
15176	ACELLULAR DERMAL REPLACEMENT	02	N	Referral Required
15200	FULL THICKNESS GRAFT	03	N	Referral Required
15201	FULL THICKNESS GRAFT	02	N	Referral Required
15220	FULL THICKNESS GRAFT,FREE INCLUDING	02	N	Referral Required
15221	FULL THICKNESS GRAFT,FREE INCLUDING	02	N	Referral Required
15240	FULL THICKNESS GRAFT,FREE,INCLUDING	03	N	Referral Required
15241	FULL THICKNESS GRAFT,FREE,INCLUDING	03	N	Referral Required
15260	FULL THICKNESS GRAFT,FREE,INCLUDING	02	N	Referral Required
15261	FULL THICKNESS GRAFT,FREE,INCLUDING	02	N	Referral Required
15300	ALLOGRAFT SKIN	02	N	Referral Required
15301	ALLOGRAFT SKIN/TEMPORARY	02	N	Referral Required
15320	ALLOGRAFT SKIN/TEMPORARY	02	N	Referral Required
15321	ALLOGRAFT SKIN/TEMP WOUND	02	N	Referral Required
15330	ACELLULAR DERMAL	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
15331	ACELLULAR DERMAL ALLOGRAFT	02	N	Referral Required
15335	ACELLULAR DERMAL ALLOGRAFT	02	N	Referral Required
15336	ACELLULAR DERMAL ALLOGRAFT	02	N	Referral Required
15340	TISSUE CULTURED ALLOGENIC	02	N	Referral Required
15341	TISSUE CULTURED ALLOGENIC	02	N	Referral Required
15360	TISSUE CULTURED ALLOGENIC	02	N	Referral Required
15361	TISSUE CULTURED ALLOGENIC	02	N	Referral Required
15365	TISSUE CULTURED ALLOGENIC	02	N	Referral Required
15366	TISSUE CULT ALLOGEN DERMAL	02	N	Referral Required
15400	APPLICATION OF SENOGRAFT,SKIN	02	N	Referral Required
15401	APPLICATION OF XENOGRAFT, SKIN	02	N	Referral Required
15420	XENOGRAFT SKIN FOR TEM	02	N	Referral Required
15421	XENOGRAFT SKIN FOR TEMP WOUND CLOS	02	N	Referral Required
15430	ACELLULAR XENOGRAFT IMPLAN	02	N	Referral Required
15431	ACELLULAR XENOGRAFT IMPLANT,	02	N	Referral Required
15570	FORM OF DIRECT OR TUBED PEDICLE	03	N	Referral Required
15572	FORM OF DIRECT OR TUBED PEDICLE	03	N	Referral Required
15574	FORM OF DIRECT OR TUBED PEDICLE	03	N	Referral Required
15576	FORM OF DIRECT OR TUBED PEDICLE	03	N	Referral Required
15600	DELAY OF FLAP OR SECTIONING FLAP	03	N	Referral Required
15610	DELAY OF FLAP OR SECTIONING FLAP	03	N	Referral Required
15620	DELAY OF LAP OR SECTIONING OF FLAP	04	N	Referral Required
15630	DELAY OF FLAP OR SECTIONING OF FLAP	03	N	Referral Required
15650	TRANSFER OF ANY PEDICLE FLAP	05	N	Referral Required
15731	FOREHEAD FLAP WITH PRESERVATION OF	03	N	Referral Required
15732	MUSCLE	03	N	Referral Required
15734	MUSCLE	03	N	Referral Required
15736	MUSCLE	03	N	Referral Required
15738	MUSCLE	03	N	Referral Required
15740	FLAP; ISLAND PEDICLE	02	N	Referral Required
15750	FLAP; NEUROVASCULAR PEDICLE	02	N	Referral Required
15760	GRAFT; COMPOSITE	02	N	Referral Required
15770	GRAFT; COMPOSITE	03	N	Referral Required
15820	BLEPHAROPLASTY	03	N	Referral Required
15821	BLEPHAROPLASTY	03	N	Referral Required
15822	BLEPHAROPLASTY	03	N	Referral Required
15823	BLEPHAROPLASTY	05	N	Referral Required
15829	RHYTIDECTOMY	05	Y	Referral Required
15830	EXCISION, EXCESSIVE SKIN/SUBCUTANE	03	Y	Referral Required
15833	EXCISION	03	Y	Referral Required
15836	EXCISION	03	Y	Referral Required
15840	GRAFT FOR FACIAL NERVE PARALYSIS	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
15841	GRAFT FOR FACIAL NERVE PARALYSIS	04	N	Referral Required
15845	GRAFT FOR FACIAL NERVE PARALYSIS	04	N	Referral Required
15850	REMOVAL OF SUTURES	01	N	Referral Required
15877	SUCTION ASSISTED LIPECTOMY;	03	Y	Referral Required
15920	EXCISION	03	N	Referral Required
15922	EXCISION	04	N	Referral Required
15931	EXCISION, SACRAL PRESSURE ULCER	03	N	Referral Required
15933	EXCISION, SACRAL PRESSURE ULCER	03	N	Referral Required
15934	EXCISION, SACRAL PRESSURE ULCER	03	N	Referral Required
15935	EXCISION, SACRAL PRESSURE ULCER	04	N	Referral Required
15936	EXCISION, SACRAL PRESSURE ULCER	04	N	Referral Required
15937	EXCISION, SACRAL PRESSURE ULCER	04	N	Referral Required
15940	EXCISION, ISCHIAL PRESSURE ULCER	03	N	Referral Required
15941	EXCISION, ISCHIAL PRESSURE ULCER	03	N	Referral Required
15944	EXCISION, ISCHIAL PRESSURE ULCER	03	N	Referral Required
15945	EXCISION, ISCHIAL PRESSURE ULCER	04	N	Referral Required
15946	EXCISION, ISCHIAL PRESSURE ULCER	04	N	Referral Required
15950	EXCIS.TROCHANTERIC PRESSURE ULCER	03	N	Referral Required
15951	EXCIS. TROCHANTERIC PRESSURE ULCER	04	N	Referral Required
15952	EXCIS. TROCHANTERIC PRESSURE ULCER	03	N	Referral Required
15953	EXCIS. TROCHANTERIC PRESSURE ULCER	04	N	Referral Required
15956	EXCIS. TROCHANTERIC PRESSURE ULCER	03	N	Referral Required
15958	EXCIS. TROCHANTERIC PRESSURE ULCER	04	N	Referral Required
17106	DESTRUCTION	01	Y	Referral Required
17107	DESTRUCTION	02	Y	Referral Required
17108	DESTRUCTION	02	Y	Referral Required
19020	MASTOTOMY	02	N	Referral Required
19100	BREAST BIOPSY	01	N	Referral Required
19101	BREAST BIOPSY	02	N	Referral Required
19102	BIOPSY OF BREAST	02	N	Referral Required
19103	BIOPSY OF BREAST	02	N	Referral Required
19105	ABLATION, CRYOSURGICAL, OF FIBROAD	02	N	Referral Required
19110	NIPPLE EXPLORATION W/ OR W/O E	02	N	Referral Required
19112	EXCISION OF LACTIFEROUS DUCT	03	N	Referral Required
19120	EXCISION, CYST, BREAST	03	N	Referral Required
19125	EXCISION BREAST LESION IDENT	03	N	Referral Required
19126	EA ADDITIONAL LESION SEPARATELY IDE	03	N	Referral Required
19290	PRE-OPERATIVE PLACEMENT NEED	01	N	Referral Required
19291	PREOP PLACE NEEDLE WIRE BREAST EA A	01	N	Referral Required
19295	IMAGE GUIDED PLACEMENT	01	N	Referral Required
19296	PLACEMENT OF RADIOTHERAPY	01	N	Referral Required
19298	PLACEMENT OF RADIOTHERAPY	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
19300	MASTECTOMY FOR GYNECOMASTIA	04	Y	Referral Required
19301	MASTECTOMY, PARTIAL (EG, LUMPECTOM	03	N	Referral Required
19302	MASTECTOMY, PARTIAL ; W/ AXILLARY	07	N	Referral Required
19303	MASTECTOMY, SIMPLE, COMPLETE	04	N	Referral Required
19304	MASTECTOMY, SUBCUTANEOUS	04	N	Referral Required
19316	MASTOPEXY	04	Y	Referral Required
19318	REDUCTION MAMMAPLASTY	04	Y	Referral Required
19324	MAMMAPLASTY,AUGMENTATION W/O	04	Y	Referral Required
19325	MAMMAPLASTY WITH PROSTHETIC	09	Y	Referral Required
19328	REMOVAL OF INTACT MAMMARYIMP	01	Y	Referral Required
19330	REMOVAL, BREAST IMPLANT	01	Y	Referral Required
19340	IMMEDIATE INSERTION OF BREAS	02	Y	Referral Required
19342	DELAYED INSERTION OF BREAST	03	Y	Referral Required
19350	RECONSTRUCTION, NIPPLE	04	Y	Referral Required
19357	BREAST RECONSTRUCT W/TISSUE	05	Y	Referral Required
19364	BREAST RECONSTRUCTION WITH F	05	Y	Referral Required
19366	BREAST RECONSTRUCTION W/OTHE	05	Y	Referral Required
19370	OPEN PERIPROSTHETIC CAPULOTO	04	Y	Referral Required
19371	PERIPROSTHETIC CAPSULECTOMY	04	Y	Referral Required
19380	REVISION OF RECONSTRUCTED BR	05	Y	Referral Required
20005	INCISION OF SOFT TISSUE ABSC	02	N	Referral Required
20200	BIOPSY, MUSCLE	02	N	Referral Required
20205	BIOPSY, MUSCLE	03	N	Referral Required
20206	BIOPSY MUSCLE PERCUTANEOUS N	01	N	Referral Required
20220	BIOPSY, BONE	01	N	Referral Required
20225	BIOPSY, BONE	02	N	Referral Required
20240	BIOPSY, BONE	02	N	Referral Required
20245	BIOPSY, BONE	03	N	Referral Required
20250	BIOPSY VERTEBRAL BODY OPEN T	03	N	Referral Required
20251	BIOPSY VERTEBRAL BODY OPEN L	03	N	Referral Required
20520	REMOVAL, FOREIGN BODY, MUSCL	01	N	Referral Required
20525	REMOVAL FB IN MUSCLE DEEP OR	03	N	Referral Required
20612	ASPIRATION &/OR INJECTION GANGLION	01	N	Referral Required
20650	INSERTION, PIN, SKELETAL TRA	03	N	Referral Required
20670	REMOVAL, PIN OR OTHER	01	N	Referral Required
20680	REMOVAL, PIN OR OTHER	03	N	Referral Required
20690	APP OF A UNIPLANE UNILATERAL, EXTE	02	N	Referral Required
20692	APP OF MULTIPLANE (PINS OR WIRES M	03	N	Referral Required
20693	ADJ/REVISION OF EXTERNAL FIX	03	N	Referral Required
20694	REMOVAL,UNDER ANESTHESIA OF	01	N	Referral Required
20900	BONE GRAFT, ANY DONOR AREA; MINOR	03	N	Referral Required
20902	BONE GRAFT, ANY DONOR AREA; MAJOR	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
20910	CARTILAGE GRAFT; COSTOCHONDRAL	03	N	Referral Required
20912	CARTILAGE GRAFT, NASAL SEPTUM	03	N	Referral Required
20920	FASCIA LATA GRAFT; BY STRIPPER	04	N	Referral Required
20922	FASCIA LATA GRAFT; BY INCISION & A	03	N	Referral Required
20924	TENDON GRAFT, FROM A DISTANCE	04	N	Referral Required
20926	TISSUE GRAFTS, OTHER	04	N	Referral Required
20975	ELECTRIC STIMULATION TO AID	02	N	Referral Required
21010	ARTHROTOMY,TEMPOROMANDIBULAR	02	N	Referral Required
21011	AMB SURG CTR -ARTHRO TEMPOROM JNT B	02	N	Referral Required
21012	2 CM OR GREATER	02	N	Referral Required
21013	EXCISION, TUMOR SFT TISS OF FACE &	02	N	Referral Required
21014	2 CM OR GREATER	02	N	Referral Required
21015	RADICAL RESECTION TUMOR FACE	03	N	Referral Required
21016	2 CM OR GREATER	02	N	Referral Required
21025	EXCISION OF BONE, MANDIBLE	02	N	Referral Required
21026	EXCISION OF FACIAL BONES	02	N	Referral Required
21029	REMOVAL BY CONTOURING BENIGN	02	N	Referral Required
21030	EXCISION, TUMOR, FACIAL BONE	01	N	Referral Required
21034	EXCISION MALIGNANT TUMOR OF	03	N	Referral Required
21040	EXCISION, TUMOR, MANDIBLE	02	N	Referral Required
21044	EXCISION OF MALIGNANT TUMOR	02	N	Referral Required
21046	EXCISION OF BEGNIGN TUMOR OR CYST	02	N	Referral Required
21047	EXCISION OF BENIGN TUMOR OR CYST	02	N	Referral Required
21048	EXCISION OF BENIGN TUMOR OR CYST	08	N	Referral Required
21049	EXCISION OF BENIGN TUMOR OR CYST	08	N	Referral Required
21050	ARTHRECTOMY, TEMP-MANDBLR JN	03	N	Referral Required
21060	MENISCECTOMY	02	N	Referral Required
21070	CORONOIDECTOMY	03	N	Referral Required
21100	APPLICATION, HALO	02	N	Referral Required
21120	GENIOPLASTY; AUGMENTATION AU	07	N	Referral Required
21121	SLIDING OSTEOTOMY, SINGLE PI	07	N	Referral Required
21122	SLIDING OSTEOTOMIES TWO OR M	07	N	Referral Required
21123	GENIOPLASTY, AUGMENTATION SL	07	N	Referral Required
21125	AUGMENTATION MANDIBULAR BODY	07	N	Referral Required
21127	AUGMENTATION,MANDIBULAR BODY	09	N	Referral Required
21181	REMOVAL CONTOURING BENIGN TU	07	N	Referral Required
21206	OSTEOPLASY, MAXILLA, SEGMENT	05	N	Referral Required
21208	OSTEOPLASTY FACIAL BONES AUG	07	N	Referral Required
21209	OSTEOPLASTY, FACIAL BONES AU	05	N	Referral Required
21210	GRAFT, FACIAL BONE	07	N	Referral Required
21215	BONE GRAFT, MANDIBLE	07	N	Referral Required
21230	GRAFT, CARTILAGE	07	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
21235	GRAFT, CARTILAGE	07	N	Referral Required
21240	ARTHROPLASTY, TEMP-MANDBL JN	04	N	Referral Required
21242	TEMP MAND JOINT ARTHROPLASTY	05	N	Referral Required
21243	ARTHROPLASTY TMJ W/PROSTHETI	05	N	Referral Required
21244	RECONSTRUCT MANDIBLE EXTRAOR	07	N	Referral Required
21245	RECONSTRUCTION OF MANDIBLE O	07	N	Referral Required
21246	RECONSTRUCT MANDIBLE/MAXILLA	07	N	Referral Required
21248	RECONSTRUCT MAXILLA/MANDIBLE	07	N	Referral Required
21249	RECONSTRUCT MANDIBLE/MAXILLA	07	N	Referral Required
21267	ORBITAL REPOSITION, PERIORBI	07	N	Referral Required
21270	MALAR AUGMENTATION PROSTHETI	05	N	Referral Required
21275	SECONDARY REVISION FOR ORBIT	07	N	Referral Required
21280	MEDIAL CANTHOPEXY	05	N	Referral Required
21282	LATERAL CANTHOPEXY	05	N	Referral Required
21295	REDUCTION OF MASSETER MUSCLE & BONE	01	N	Referral Required
21296	REDUCTION OF MASSETER MUSCLE & BONE	01	N	Referral Required
21310	TREAT CLOSED/OPEN NASAL FX W	02	N	Referral Required
21315	FRACTURE, NASAL	02	N	Referral Required
21320	FRACTURE, NASAL	02	N	Referral Required
21325	FRACTURE, NASAL	04	N	Referral Required
21330	FRACTURE, NASAL	05	N	Referral Required
21335	FRACTURE, NASAL	07	N	Referral Required
21336	OPEN TX NASAL SEPTAL FX W/WO	04	N	Referral Required
21337	TREATMENT OF CLOSED NASAL SE	02	N	Referral Required
21338	OPEN TREATMENT NASOETHMOID F	04	N	Referral Required
21339	TREATMENT OF NASOETHMOID FRA	05	N	Referral Required
21340	TREAT CLOSED/OPEN NASOETHMOI	04	N	Referral Required
21345	FRACTURE, NASO-MAXILLARY	07	N	Referral Required
21355	FRACTURE, MALAR AREA	03	N	Referral Required
21400	FRACTURE, ORBIT	02	N	Referral Required
21401	FRACTURE, ORBIT	03	N	Referral Required
21421	FRACTURE, PALATAL RIDGE	04	N	Referral Required
21440	MANIPULATIVE TREATMENT OF AL	03	N	Referral Required
21445	OPEN TREAT MANDIBULAR-MAXILL	04	N	Referral Required
21450	CLOSED TREAT MANDIBULAR FX W	03	N	Referral Required
21451	CLOSED TREAT MANDIBULAR FX W	04	N	Referral Required
21452	PERCUTANEOUS TREAT MANDIBULA	02	N	Referral Required
21453	TREATMENT OF OP MANDIBULAR F	03	N	Referral Required
21454	OPEN TRTMNT CLCS/OPN MANDIBU	05	N	Referral Required
21461	FRACTURE, MANDIBULAR	04	N	Referral Required
21462	FRACTURE, MANDIBULAR	05	N	Referral Required
21465	OPEN TREAT MANDIBULAR CONDYL	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
21480	DISLOCATN, TEMPORO-MANDIBULA	01	N	Referral Required
21485	CLOSED TREAT TEMPOROMANDIBUL	02	N	Referral Required
21490	OPEN TREAT TEMPORMANDIBULAR	03	N	Referral Required
21497	INTERDENATAL WIRING FOR COND	02	N	Referral Required
21501	INCISN & DRNGE, ABSCESS, NEC	02	N	Referral Required
21502	INCISN & DRNGE, ABSCESS, NEC	02	N	Referral Required
21552	3 CM OR GREATER	02	N	Referral Required
21554	5 CM OR GREATER	02	N	Referral Required
21555	EXCISION TUMOR SOFT TISSUE O	02	N	Referral Required
21556	EXCISN, TUMR, SUBFASCIAL, NE	02	N	Referral Required
21558	5 CM OR GREATER	02	N	Referral Required
21600	EXCISION, RIB	02	N	Referral Required
21610	COSTOTRANSVERSECTOMY	02	N	Referral Required
21685	HYOID MYOTOMY AND SUSPENSION	02	N	Referral Required
21700	DIVISION, SCALENUS ANTICUS	02	N	Referral Required
21720	DIVISION, STERNOCLEIDOMASTOI	03	N	Referral Required
21725	DIVISION, STERNOCLEIDOMASTOI	03	N	Referral Required
21742	RECONSTRUCTIVE REPAIR OF PECTUS	01	N	Referral Required
21743	RECONSTRUCTIVE REPAIR OF PECTUS	01	N	Referral Required
21800	FRACTURE, RIB	01	N	Referral Required
21805	RIB FX OPEN OR COMPLICATED	02	N	Referral Required
21820	STERNUM FX CLOSED	01	N	Referral Required
21925	BIOPSY SOFT TISSUE BACK/FLAN	02	N	Referral Required
21930	EXCISION TUMOR SOFT TISSUE B	02	N	Referral Required
21931	3 CM OR GREATER	02	N	Referral Required
21932	EXCISION, TUMOR, SOFT TISSUE OF BA	02	N	Referral Required
21933	5 CM OR GREATER	02	N	Referral Required
21935	RADICAL RESECTION OF TUMOR,	03	N	Referral Required
21936	5 CM OR GREATER	02	N	Referral Required
22010	INCISION AND DRAINAGE	02	N	Referral Required
22015	INCISION AND DRAINAGE, OPEN,	02	N	Referral Required
22305	CLOSED TREAT VERTEBRAL PROCE	01	N	Referral Required
22310	CLOSED TREAT VERTEBRAL BODY	01	N	Referral Required
22315	CLOSED TREATMENT OF VERTEBRA	02	N	Referral Required
22505	SPINAL MANIPULATION	02	N	Referral Required
22900	EXCISION, TUMOR, ABDOMINL WA	04	N	Referral Required
22901	5 CM OR GREATER	02	N	Referral Required
22902	EXCISION, TUMOR, SOFT TISSUE OF AB	02	N	Referral Required
22903	3 CM OR GREATER	02	N	Referral Required
22904	RADICAL RESECTION OF TUMOR SOFT TI	02	N	Referral Required
22905	5 CM OR GREATER	02	N	Referral Required
23000	REMOVAL SUBDELTOID CALCAREOU	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
23020	CAPSULAR CONTRACTURE RELEASE	02	N	Referral Required
23030	DRAINAGE, ABSCESS, SHOULDER	01	N	Referral Required
23031	DRAINAGE, BURSA, INFECTED	03	N	Referral Required
23035	INCISION, SHOULDER	03	N	Referral Required
23040	ARTHROTOMY, GLENOHUMERAL	03	N	Referral Required
23044	ARTHROTOMY, ACROMIOCAVICULAR	04	N	Referral Required
23066	BIOPSY, SOFT TISSUE OF SHOUL	02	N	Referral Required
23071	3 CM OR GREATE	02	N	Referral Required
23073	5 CM OR GREATER	02	N	Referral Required
23075	EXCISION TUMOR SHOULDER AREA	02	N	Referral Required
23076	EXCISION, TUMOR, SHOULDER	02	N	Referral Required
23077	RADICAL RESECTION OF TUMOR,	03	N	Referral Required
23078	5 CM OR GREATER	02	N	Referral Required
23100	ARTHROTOMY, GLENOHUMERAL	02	N	Referral Required
23101	ARTHROTOMY FOR BX OR EXC TOR	07	N	Referral Required
23105	SYNOVECTOMY, GLENOHUMERAL	04	N	Referral Required
23106	ARTHROTOMY, ACROMIOCAVICULAR	04	N	Referral Required
23107	ARTHROTOMY, GLENOHUMERAL JOI	04	N	Referral Required
23120	CLAVICULECTOMY	05	N	Referral Required
23125	CLAVICULECTOMY	05	N	Referral Required
23130	ACROMIOPLASTY-ACROMIONECTOMY	05	N	Referral Required
23140	EXCISION, CYST, CLAVICLE	04	N	Referral Required
23145	EXCISION, CYST, CLAVICLE	05	N	Referral Required
23146	EXCISION, CYST, CLAVICLE	05	N	Referral Required
23150	EXCISION, CYST, HUMERAL HEAD	04	N	Referral Required
23155	EXCISION, CYST, HUMERAL HEAD	05	N	Referral Required
23156	EXCISION, CYST, HUMERAL HEAD	05	N	Referral Required
23170	SEQUESTRECTOMY, CLAVICLE	02	N	Referral Required
23172	SEQUESTRECTOMY, SCAPULA	02	N	Referral Required
23174	SEQUESTRECTOMY, HUMERAL HEAD	02	N	Referral Required
23180	EXCISION, PARTIAL, CLAVICLE	04	N	Referral Required
23182	EXCISION, PARTIAL, SCAPULA	04	N	Referral Required
23184	EXCISN, PTL, PROXIMAL HUMERU	04	N	Referral Required
23190	OSTECTOMY, SCAPULA	04	N	Referral Required
23195	RESECTION, HUMERAL HEAD	05	N	Referral Required
23330	REMOVAL OF FEREIGN BODY; SUB	01	N	Referral Required
23331	REMOVAL, FGN BODY, SHOULDER	01	N	Referral Required
23395	TRANSFER, MUSCLE, SHOULDER	05	N	Referral Required
23397	TRANSFER, MUSCLE, SHOULDER	07	N	Referral Required
23400	SCAPULOPEXY	07	N	Referral Required
23405	TENOMYOTOMY, SHOULDER	02	N	Referral Required
23406	TENOMYOTOMY, SHOULDER	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
23410	REPAIR, MUSCULOTENDINOUS CUF	05	N	Referral Required
23412	REPAIR, MUSCULOTENDINOUS CUFF	07	N	Referral Required
23415	CORACOACROMIAL LIGAMNT RELEA	05	N	Referral Required
23420	REPAIR, SHOULDER CUFF AVULSI	07	N	Referral Required
23430	TENODESIS, BICEPS	04	N	Referral Required
23440	RESECTION, LONG TENDON, BICE	04	N	Referral Required
23450	CAPSULORRHAPHY, SHOULDER JOI	05	N	Referral Required
23455	CAPSULORRHAPHY, SHOULDER JOI	07	N	Referral Required
23460	CAPSULORRHAPHY, SHOULDER JOI	05	N	Referral Required
23462	CAPSULORRHAPHY, SHOULDER JOI	07	N	Referral Required
23465	CAPSULORRHAPHY, SHOULDER JOI	05	N	Referral Required
23466	CAPSULORRHAPHY ANY TYPE MULT	07	N	Referral Required
23480	OSTEOTOMY, CLAVICLE	04	N	Referral Required
23485	OSTEOTOMY, CLAVICLE	07	N	Referral Required
23490	PROPHYLACTIC TREATMENT; CLAV	03	N	Referral Required
23491	PROPHYLACTIC TREATMENT;PROXI	03	N	Referral Required
23500	FRACTURE CLAVICLE	01	N	Referral Required
23505	FRACTURE, CLAVICLE	01	N	Referral Required
23515	FRACTURE, CLAVICLE	03	N	Referral Required
23520	DISLOCATION, STERNOCLAVICULA	01	N	Referral Required
23525	DISLOCATION, STERNOCLAVICULA	01	N	Referral Required
23530	DISLOCATION, STERNOCLAVICULA	03	N	Referral Required
23532	DISLOCATION, STERNOCLAVICULA	04	N	Referral Required
23540	DISLOCATION, ACROMIOCLAVICUL	01	N	Referral Required
23545	TREATMENT CLOSED ACROMIOCLAV	01	N	Referral Required
23550	DISLOCATION, ACROMIOCLAVICUL	03	N	Referral Required
23552	DISLOCATION, ACROMIOCLAVICUL	04	N	Referral Required
23570	CLOSED TX SCAPULAR FRACTURE;	01	N	Referral Required
23575	FRACTURE, SCAPULAR	01	N	Referral Required
23585	FRACTURE, SCAPULAR	03	N	Referral Required
23600	FRACTURE, HUMERAL NECK	01	N	Referral Required
23605	FRACTURE, HUMERAL NECK	02	N	Referral Required
23615	FRACTURE, HUMERAL NECK	04	N	Referral Required
23616	OPEN TREAT W/PROXIMAL HUMERA	04	N	Referral Required
23620	FRACTURE, HUMERAL NECK	01	N	Referral Required
23625	FRACTURE, HUMERAL NECK	02	N	Referral Required
23630	FRACTURE, HUMERAL NECK	05	N	Referral Required
23650	DISLOCATION, SHOULDER	01	N	Referral Required
23655	DISLOCATION, SHOULDER	01	N	Referral Required
23660	DISLOCATION, SHOULDER	03	N	Referral Required
23665	DISLOCATION, SHOULDER	02	N	Referral Required
23670	DISLOCATION, SHOULDER	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
23675	DISLOCATION, SHOULDER	02	N	Referral Required
23680	DISLOCATION, SHOULDER	03	N	Referral Required
23700	MANIPULATION, SHOULDER	01	N	Referral Required
23800	FUSION, SHOULDER JOINT	04	N	Referral Required
23802	FUSION, SHOULDER JOINT	07	N	Referral Required
23921	DISARTICULATION, SHOULDER	03	N	Referral Required
23930	DRAINAGE, ABSCESS, HUMERUS	01	N	Referral Required
23931	DRAINAGE ABSCESS ELBOW INFEC	02	N	Referral Required
23935	INCISION DEEP OPENING BONE C	02	N	Referral Required
24000	ARTHROTOMY, ELBOW	04	N	Referral Required
24006	ARTHROTOMY ELBOW W/CAPSULAR	04	N	Referral Required
24066	BIOPSY,SOFT TISSUE UPPER ARM	02	N	Referral Required
24071	3 CM OR GREATER	02	N	Referral Required
24073	5 CM OR GREATER	02	N	Referral Required
24075	EXCISION,TUMOR,UPPER ARM OR	02	N	Referral Required
24076	EXCISION, TUMOR, HUMERUS	02	N	Referral Required
24077	RADICAL RESECTION OF TUMOR;	03	N	Referral Required
24079	5 CM OR GREATER	02	N	Referral Required
24100	ARTHROTOMY, ELBOW	01	N	Referral Required
24101	ARTHROTOMY W/JOINT EXPLORE W	04	N	Referral Required
24102	ARTHROTOMY, ELBOW	04	N	Referral Required
24105	EXCISION, BURSA, OLECRANON	03	N	Referral Required
24110	EXCISION, CYST, HUMERUS	02	N	Referral Required
24115	EXCISION, CYST, HUMERUS	03	N	Referral Required
24116	EXCISION, CYST, HUMERUS	03	N	Referral Required
24120	EXCISION, CYST, HUMERUS	03	N	Referral Required
24125	EXCISION, CYST, HUMERUS	03	N	Referral Required
24126	EXCISION, CYST, HUMERUS	03	N	Referral Required
24130	EXCISION, RADIAL HEAD	03	N	Referral Required
24134	SEQUESTRECTOMY, HUMERUS	02	N	Referral Required
24136	SEQUESTRECTOMY, RADIAL HEAD	02	N	Referral Required
24138	SEQUESTRECTOMY, OLECRANON PR	02	N	Referral Required
24140	EXCISION, PARTIAL, HUMERUS	03	N	Referral Required
24145	EXCISION, PARTIAL, RADIAL HE	03	N	Referral Required
24147	EXCISION, PTL, OLECRANON PRC	02	N	Referral Required
24155	RESECTION, ELBOW JOINT	03	N	Referral Required
24160	REMOVAL, IMPLANT, ELBOW JOIN	02	N	Referral Required
24164	REMOVAL, IMPLANT, RADIAL JOI	03	N	Referral Required
24201	REMOVAL FB UPPER ARM/ELBOW D	02	N	Referral Required
24301	TRANSFER, TENDON, ARM	04	N	Referral Required
24305	LENGTHENING, TENDON, UPPER A	04	N	Referral Required
24310	TENOTOMY, UPPER ARM	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
24320	TENOPLASTY, UPPER ARM	03	N	Referral Required
24330	FLEXOR-PLASTY, ELBOW	03	N	Referral Required
24331	FLEXOR-PLASTY, ELBOW	03	N	Referral Required
24340	TENODESIS, ELBOW	03	N	Referral Required
24341	REPAIR TENDON/MUSCLE, UPPER	03	N	Referral Required
24342	REINSERTION, TENDON, UPPER A	03	N	Referral Required
24345	REPAIR MEDIAL COLLATERAL	02	N	Referral Required
24346	RECONSTRUCTION LIGAMENT, ELBOW	04	N	Referral Required
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL	05	N	Referral Required
24360	ARTHROPLASTY, ELBOW	05	N	Referral Required
24361	ARTHROPLASTY ELBOW W/DISTAL	05	N	Referral Required
24362	ARTHROPLASTY ELBOW W/IMPLANT	05	N	Referral Required
24363	ARTHROPLASTY ELBOW W/IMPLANT	07	N	Referral Required
24365	ARTHROPLASTY, RADIAL HEAD	05	N	Referral Required
24366	ARTHROPLASTY, RADIAL HEAD	05	N	Referral Required
24400	OSTEOTOMY, HUMERUS	04	N	Referral Required
24410	OSTEOTOMY, HUMERUS	04	N	Referral Required
24420	OSTEOPLASTY, HUMERUS	03	N	Referral Required
24430	REPAIR, MALUNION, HUMERUS	03	N	Referral Required
24435	REPAIR, MALUNION, HUMERUS	04	N	Referral Required
24470	HEMI-EPIPHYSEAL ARREST, HUME	03	N	Referral Required
24495	DECOMPRESSION FASCIOTOMY FOR	02	N	Referral Required
24498	PROPHYLACTIC TREATMENT; HUME	03	N	Referral Required
24500	FRACTURE, HUMERAL SHAFT	01	N	Referral Required
24505	FRACTURE, HUMERAL SHAFT	01	N	Referral Required
24515	FRACTURE, HUMERAL SHAFT	04	N	Referral Required
24516	OPEN TREAT HUMERAL SHAFT FX	04	N	Referral Required
24530	FRACTURE, TRANSCONDYLAR	01	N	Referral Required
24535	FRACTURE, TRANSCONDYLAR	01	N	Referral Required
24538	FRACTURE, TRANSCONDYLAR	02	N	Referral Required
24545	FRACTURE, TRANSCONDYLAR	04	N	Referral Required
24546	CLOSED TREAT HUMERAL CONDYLA	05	N	Referral Required
24560	FRACTURE, EPICONDYLAR	01	N	Referral Required
24565	FRACTURE, EPICONDYLAR	02	N	Referral Required
24566	PERCUTANEOUS SKELETAL FIXATI	02	N	Referral Required
24575	FRACTURE, EPICONDYLAR	03	N	Referral Required
24576	FRACTURE, CONDYLAR	01	N	Referral Required
24577	FRACTURE, CONDYLAR	01	N	Referral Required
24579	FRACTURE, CONDYLAR	03	N	Referral Required
24582	PERCUTANEOUS SKELETAL FIXATI	02	N	Referral Required
24586	OPEN TREAT C/O ELBOW FX W/EL	04	N	Referral Required
24587	OPEN TREAT CLOSED/OPEN ELBOW	05	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
24600	DISLOCATION, ELBOW	01	N	Referral Required
24605	DISLOCATION, ELBOW	02	N	Referral Required
24615	DISLOCATION, ELBOW	03	N	Referral Required
24620	FRACTURE-DISLOCATION, ELBOW	02	N	Referral Required
24635	FRACTURE-DISLOCATION, ELBOW	03	N	Referral Required
24655	FRACTURE, RADIAL HEAD	01	N	Referral Required
24665	FRACTURE, RADIAL HEAD	04	N	Referral Required
24666	FRACTURE, RADIAL HEAD	04	N	Referral Required
24670	FRACTURE, ULNAR	01	N	Referral Required
24675	FRACTURE, ULNAR	01	N	Referral Required
24685	FRACTURE, ULNAR	03	N	Referral Required
24800	FUSION, ELBOW JOINT	04	N	Referral Required
24802	FUSION, ELBOW JOINT	05	N	Referral Required
24925	AMPUTATION, ARM	03	N	Referral Required
25000	TENOVAGINOTOMY, WRIST	03	N	Referral Required
25020	DECOMPRESSION FASCIOTOMY WRI	03	N	Referral Required
25023	DECOMP FASCIOTOMY W/DEBRIDEM	03	N	Referral Required
25024	DECOMPRESSION FASCIOTOMY	03	N	Referral Required
25025	DECOMPRESSION FASCIOTOMY	03	N	Referral Required
25028	INCISION DRAIN FOREARM/WRIST	01	N	Referral Required
25031	INFECTED BURSA	02	N	Referral Required
25035	INCISION DEEP W/OPENING BONE	02	N	Referral Required
25040	ARTHROTOMY, WRIST JOINT	05	N	Referral Required
25066	BIOPSY, SOFT TISSUES, DEEP	02	N	Referral Required
25071	3 CM OR GREATER	02	N	Referral Required
25073	3 CM OR GREATER	02	N	Referral Required
25075	EXCISION, BENIGN TUMOR, SUBC	02	N	Referral Required
25076	EXCISION TUMOR FOREARM/WRIST	03	N	Referral Required
25077	RADICAL RESECTION TUMOR, SOF	03	N	Referral Required
25078	3 CM OR GREATER	02	N	Referral Required
25085	CAPSULECTOMY, WRIST	03	N	Referral Required
25100	ARTHROTOMY, WRIST JOINT	02	N	Referral Required
25101	ARTHROTOMY WRIST JOINT,BIOPS	03	N	Referral Required
25105	ARTHROTOMY, WRIST JOINT	04	N	Referral Required
25107	ARTHROTOMY, DSTL RDO-ULNR JN	03	N	Referral Required
25109	EXCISION OF TENDON, FOREARM AND/OR	03	N	Referral Required
25110	EXCSN, LSN, TENDN SHEATH, WR	03	N	Referral Required
25111	EXCISION, GANGLION, WRIST	03	N	Referral Required
25112	EXCISION, GANGLION, WRIST	04	N	Referral Required
25115	TENOSYNOVECTOMY, FOREARM	04	N	Referral Required
25116	TENOSYNOVECTOMY, FOREARM	04	N	Referral Required
25118	SYNOVECTOMY, EXTENSOR TENDON	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
25119	SYNOVECTOMY,DSTL RDO-ULNR JN	03	N	Referral Required
25120	EXCISION, CYST, ULNA	03	N	Referral Required
25125	EXCISION, CYST, ULNA	03	N	Referral Required
25126	EXCISION, CYST, ULNA	03	N	Referral Required
25130	EXCISION, CYST, CARPAL BONES	03	N	Referral Required
25135	EXCISION, CYST, CARPAL BONES	03	N	Referral Required
25136	EXCISION, CYST, CARPAL BONES	03	N	Referral Required
25145	SEQUESTRECTOMY, FOREARM	02	N	Referral Required
25150	EXCISION, PARTIAL, ULNA	02	N	Referral Required
25151	EXCISION, PARTIAL, RADIUS	02	N	Referral Required
25210	CARPECTOMY	03	N	Referral Required
25215	CARPECTOMY	04	N	Referral Required
25230	RADIAL STYLOIDECTOMY	04	N	Referral Required
25240	EXCISION, DISTAL ULNA	04	N	Referral Required
25248	EXPLORATION REMOVAL DEEP FB	02	N	Referral Required
25250	REMOVAL OF WRIST PROSTHESIS	01	N	Referral Required
25251	REMOVAL OF WRIST PROSTHESIS;	01	N	Referral Required
25260	REPAIR, MUSCLE, FOREARM	04	N	Referral Required
25263	REPAIR, MUSCLE, FOREARM	02	N	Referral Required
25265	REPAIR TENDON-MUSCLE FOREARM	03	N	Referral Required
25270	AMB SURG CTR-REPAIR,MUSCLE,F	04	N	Referral Required
25272	REPAIR, MUSCLE, FOREARM	03	N	Referral Required
25274	REPAIR, MUSCLE, FOREARM	04	N	Referral Required
25275	REPAIR OF TENDON SHEATH	04	N	Referral Required
25280	LENGTHENING, TENDON, FOREARM	04	N	Referral Required
25290	TENOTOMY, FOREARM	03	N	Referral Required
25295	TENOLYSIS, FOREARM	03	N	Referral Required
25300	TENODESIS, DGT FLEXRS, AT WR	03	N	Referral Required
25301	TENODESIS, DGT FLEXRS, AT WR	03	N	Referral Required
25310	TRANSPLANT, TENDON, WRIST	03	N	Referral Required
25312	TRANSPLANT, TENDON, WRIST	04	N	Referral Required
25315	FLEXOR ORIGIN SLIDE	03	N	Referral Required
25316	REPAIR WITH TENDON TRANSFER	03	N	Referral Required
25320	CAPSULORRHAPHY/RECONST CAPSU	03	N	Referral Required
25332	ARTHROPLASTY WRIST;PSEUDOART	05	N	Referral Required
25335	CENTRALIZATION WRIST ON ULNA	03	N	Referral Required
25337	RECONSTRUCT FOR STABILIZATIO	05	N	Referral Required
25350	OSTEOTOMY, RADIUS	03	N	Referral Required
25355	OSTEOTOMY, RADIUS	03	N	Referral Required
25360	OSTEOTOMY, ULNA	03	N	Referral Required
25365	OSTEOTOMY, RADIUS & ULNA	03	N	Referral Required
25370	MULTIPLE OSTEOTOMIES W/REALI	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
25375	OSTEOTOMY, RADIUS AND/OR ULN	04	N	Referral Required
25390	OSTEOPLASTY, RADIUS/ULNA	03	N	Referral Required
25391	OSTEOPLASTY, RADIUS/ULNA	04	N	Referral Required
25392	OSTEOPLASTY, RADIUS/ULNA	03	N	Referral Required
25393	OSTEOPLASTY, RADIUS/ULNA	04	N	Referral Required
25400	REPAIR, MALUNION, RADIUS/ULN	03	N	Referral Required
25405	REPAIR, MALUNION, RADIUS/ULN	04	N	Referral Required
25415	REPAIR, MALUNION, RADIUS/ULN	03	N	Referral Required
25420	REPAIR, MALUNION, RADIUS/ULN	04	N	Referral Required
25425	REPAIR, BONE DEFICIT, FOREAR	03	N	Referral Required
25426	REPAIR, BONE DEFICIT, FOREAR	04	N	Referral Required
25440	REPAIR, NON-UNION, NAVICULAR	04	N	Referral Required
25441	REPLACEMENT, IMPLANT, WRIST	05	N	Referral Required
25442	REPLACEMENT, IMPLANT, WRIST	05	N	Referral Required
25443	REPLACEMENT, IMPLANT, WRIST	05	N	Referral Required
25444	REPLACEMENT, IMPLANT, WRIST	05	N	Referral Required
25445	REPLACEMENT, IMPLANT, WRIST	05	N	Referral Required
25446	TOTAL WRIST REPLACEMENT	07	N	Referral Required
25447	INTERPOSITION ARTHROPLASTY,I	05	N	Referral Required
25449	REVISION ARTHROPLASTY INC RE	05	N	Referral Required
25450	EPIPHYSEAL ARREST, FOREARM	03	N	Referral Required
25455	EPIPHYSEAL ARREST, FOREARM	03	N	Referral Required
25490	PROPHYLACTIC TREATMENT; RADI	03	N	Referral Required
25491	PROPHYLACTIC TREATMENT; ULNA	03	N	Referral Required
25492	PROPHYLACTIC TREATMENT; RADI	03	N	Referral Required
25505	FRACTURE, RADIAL SHAFT	01	N	Referral Required
25515	FRACTURE, RADIAL SHAFT	03	N	Referral Required
25520	CLOSED TREAT RADIAL SHAFT FX	01	N	Referral Required
25525	OPEN TREAT RADIAL SHAFT FX W	04	N	Referral Required
25526	OPEN TREAT RADIAL SHAFT FX O	05	N	Referral Required
25535	FRACTURE, ULNAR SHAFT	01	N	Referral Required
25545	FRACTURE, ULNAR SHAFT	03	N	Referral Required
25565	TREAT CLOSED RADIAL/ULNAR SH	02	N	Referral Required
25574	OPEN TREAT RADIAL/ULNAR SHAF	03	N	Referral Required
25575	FRACTURE, RADIAL & ULNAR SHA	03	N	Referral Required
25605	COLLES FRACTURE	03	N	Referral Required
25606	PERCUTANEOUS SKELETAL FIXATION OF	03	N	Referral Required
25607	OPEN TREATMENT/DISTAL RAD EXTRA-AR	05	N	Referral Required
25608	OPEN TREATMENT DIST/RAD INTRA-ARTI	05	N	Referral Required
25609	OPEN TREATMENT OF DISTAL RADIAL IN	05	N	Referral Required
25624	TREAT CLOSED CARPAL SCOPHOID	02	N	Referral Required
25628	OPEN TREATMENT OF CARPAL SCA	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
25635	TX CLOSED CARPAL BONE FRACTU	01	N	Referral Required
25645	FRACTURE, CARPAL BONE	03	N	Referral Required
25660	TREAT RADIOCARPAL DISLOC 1-M	01	N	Referral Required
25670	DISLOCATION, INTERCARPAL	03	N	Referral Required
25671	PERCUTANEOUS SKELETAL FIXATION	01	N	Referral Required
25675	DISLOCATN, DISTAL RADIO-ULNA	01	N	Referral Required
25676	DISLOCATN, DISTAL RADIO-ULNA	02	N	Referral Required
25680	FRACTURE, TRANS-SCAPHO-PERIL	02	N	Referral Required
25685	FRACTURE, TRANS-SCAPHO-PERIL	03	N	Referral Required
25690	DISLOCATION, LUNATE	01	N	Referral Required
25695	DISLOCATION, LUNATE	02	N	Referral Required
25800	ARTHRODESIS, WRIST JOINT	04	N	Referral Required
25805	ARTHRODESIS, WRIST JOINT WIT	05	N	Referral Required
25810	ARTHRODESIS, WRIST JOINT	05	N	Referral Required
25820	INTERCARPAL FUSION; WITHOUT	04	N	Referral Required
25825	INTERCARPAL FUSION & AUTOGEN	05	N	Referral Required
25830	RESECTION ULNA W/W/O BONE GR	05	N	Referral Required
25907	AMPUTATION, FOREARM	03	N	Referral Required
25922	AMPUTATION, WRIST	03	N	Referral Required
25929	AMPUTATION, TRANSMETACARPAL	03	N	Referral Required
25999	UNLISTED PROCEDURE, FOREARM/	03	N	Referral Required
26011	DRAINAGE, ABSCESS, FINGER TI	01	N	Referral Required
26020	DRAINAGE, TENDON SHEATH, HAN	02	N	Referral Required
26025	DRAINAGE, BURSA, PALMAR	01	N	Referral Required
26030	DRAIN PALMAR BURSA MULTIPLE	02	N	Referral Required
26034	INCISION, HAND	02	N	Referral Required
26040	FASCIOTOMY, PALMAR	04	N	Referral Required
26045	FASCIOTOMY, PALMAR	03	N	Referral Required
26055	TENDON SHEATH INCISION	02	N	Referral Required
26060	TENOTOMY, FINGER	02	N	Referral Required
26070	ARTHROTOMY, HAND JOINTS	02	N	Referral Required
26075	ARTHROTOMY, HAND JOINTS	04	N	Referral Required
26080	ARTHROTOMY, HAND JOINTS	04	N	Referral Required
26100	BIOPSY, SYNOVIAL, HAND JOINT	02	N	Referral Required
26105	BIOPSY, SYNOVIAL, HAND JOINT	01	N	Referral Required
26110	BIOPSY, SYNOVIAL, HAND JOINT	01	N	Referral Required
26111	1.5 CM OR GREATER	02	N	Referral Required
26113	1.5 CM OR GREATER	02	N	Referral Required
26115	EXCISION OF BENIGN TUMOR	02	N	Referral Required
26116	EXCISION OF BENIGN TUMOR, DE	02	N	Referral Required
26117	RADICAL RESECTION/TUMOR,SOFT	03	N	Referral Required
26118	3 CM OR GREATER	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
26121	FASCIECTOMY PALMAR WITH OR W	04	N	Referral Required
26123	FACIECTOMY PARTIAL PALMAR EX	04	N	Referral Required
26125	PARTIAL EXCISION RELEASE EAC	04	N	Referral Required
26130	SYNOVECTOMY, HAND JOINTS	03	N	Referral Required
26135	SYNOVECTOMY, HAND JOINTS	04	N	Referral Required
26140	SYNOVECTOMY, FINGER JOINTS	02	N	Referral Required
26145	SYNOVECTOMY, TNDN SHEATH, HA	03	N	Referral Required
26160	EXCISN LSN,TNDN SHEATH HAND	03	N	Referral Required
26170	EXCISION, TENDON, HAND	03	N	Referral Required
26180	EXCISION, TENDON, HAND	03	N	Referral Required
26185	SESAMOIDECTOMY, THUMB OR FIN	04	N	Referral Required
26200	EXCISION, CYST, METACARPAL	02	N	Referral Required
26205	EXCISION, CYST, METACARPAL	03	N	Referral Required
26210	EXCISION, CYST, PHALANX, FNG	02	N	Referral Required
26215	EXCISION, CYST, PHALANX, FNG	03	N	Referral Required
26230	EXCISION, PARTIAL, METACARPA	07	N	Referral Required
26235	EXCISION, PARTL, PHALANX, FN	03	N	Referral Required
26236	EXCISION, PARTL, PHALANX, FN	03	N	Referral Required
26250	OSTECTOMY, METACARPAL	03	N	Referral Required
26260	OSTECTOMY, PHALANX, FINGER	03	N	Referral Required
26262	RADICAL RESECTION FOR TUMOR	02	N	Referral Required
26320	REMOVAL, IMPLANT, HAND	02	N	Referral Required
26350	REPAIR, TENDON, FINGER	01	N	Referral Required
26352	REPAIR, TENDON, FINGER	04	N	Referral Required
26356	FLEXOR TENDON REPAIR OR ADVA	04	N	Referral Required
26357	FLEXOR TENDON REPAIR/ADVANCE	04	N	Referral Required
26358	FLEXOR TENDON REPAIR SECOUNDARY W/F	04	N	Referral Required
26370	PROFUNDUS TENDN REPR OR ADVA	04	N	Referral Required
26372	PROFUNDUS TENDON REPAIR SECO	04	N	Referral Required
26373	PROFUNDUS TENDON REPAIR/ADVA	03	N	Referral Required
26390	EXCISION, FLEXOR TENDON, FIN	04	N	Referral Required
26392	GRAFT, TENDON, FINGER	03	N	Referral Required
26410	REPAIR, TENDON, DORSUM	03	N	Referral Required
26412	REPAIR, TENDON, DORSUM	03	N	Referral Required
26415	EXTENSOR TENDON EXCISION IMP	04	N	Referral Required
26416	REMOVAL TUBE/ROD INSERT OF E	03	N	Referral Required
26418	REPAIR, TENDON, DORSUM	04	N	Referral Required
26420	REPAIR, TENDON, DORSUM	04	N	Referral Required
26426	REPAIR, CENTRAL SLIP	03	N	Referral Required
26428	REPAIR, CENTRAL SLIP	03	N	Referral Required
26432	MALLET FINGER OPERATION	03	N	Referral Required
26433	EXSTENSOR TENDON REPAIR, DIS	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
26434	MALLET FINGER OPERATION	03	N	Referral Required
26437	EXTENSOR TENDON REALIGNMENT,	03	N	Referral Required
26440	TENOLYSIS, PALM	03	N	Referral Required
26442	TENOLYSIS, PALM	03	N	Referral Required
26445	TENOLYSIS, FINGER	03	N	Referral Required
26449	TENOLYSIS, FINGER	03	N	Referral Required
26450	TENOTOMY, PALM	03	N	Referral Required
26455	TENOTOMY, PALM	03	N	Referral Required
26460	TENOTOMY, PALM	03	N	Referral Required
26471	TENODESIS, FINGER JOINT	02	N	Referral Required
26474	TENODESIS, FINGER JOINT	02	N	Referral Required
26476	TENDON LENGTHENING EXTENSOR HAND/FI	01	N	Referral Required
26477	TENDON SHORTENING EXTENSOR HAND/FIN	01	N	Referral Required
26478	TENDON LENGTHENING FLEXOR HAND/FING	01	N	Referral Required
26479	TENDON SHORTENING FLEXOR HAND/FINGE	01	N	Referral Required
26480	TRANSPLANT, TENDON, HAND	03	N	Referral Required
26483	TRANSPLANT, TENDON, HAND	03	N	Referral Required
26485	TRANSPLANT, TENDON, HAND	02	N	Referral Required
26489	TRANSPLANT, TENDON, HAND	03	N	Referral Required
26490	OPPONENS PLASTY, HAND	03	N	Referral Required
26492	OPPONENS PLASTY, HAND	03	N	Referral Required
26494	OPPONENS PLASTY, HAND	03	N	Referral Required
26496	OPPONENS PLASTY; OTHER METHO	03	N	Referral Required
26497	TENDON TRANSFER RESTORE INTR	03	N	Referral Required
26498	TENDON TRANSFER TO RESTORE I	04	N	Referral Required
26499	CORRECTION CLAW FINGER, OTHE	03	N	Referral Required
26500	TENDON PULLEY RECNSTRCTN, HN	04	N	Referral Required
26502	TENDON PULLEY RECNSTRCTN, HN	04	N	Referral Required
26508	THENAR MUSCLE RELEASE	03	N	Referral Required
26510	CROSS INTRINSIC TRANSFER	03	N	Referral Required
26516	CAPSULODESIS M-P JOINT STABI	01	N	Referral Required
26517	CAPSULODESIS, FINGER JOINT	03	N	Referral Required
26518	CAPSULODESIS, FINGER JOINT	03	N	Referral Required
26520	CAPSULECTOMY, FINGER JOINT	03	N	Referral Required
26525	CAPSULECTOMY, FINGER JOINT	03	N	Referral Required
26530	ARTHROPLASTY, FINGER JOINT	03	N	Referral Required
26531	ARTHROPLASTY, FINGER JOINT	07	N	Referral Required
26535	ARTHROPLASTY, FINGER JOINT	05	N	Referral Required
26536	ARTHROPLASTY, FINGER JOINT	05	N	Referral Required
26540	RECNSTRCTN, LIGAMENT, FGR JN	04	N	Referral Required
26541	RECNSTRCTN, LIGAMENT, FGR JN	07	N	Referral Required
26542	REPAIR OF CALLATELAL LIGAMEN	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
26545	RECNSTRCTN, LIGAMENT, FGR JNT	04	N	Referral Required
26546	REPAIR NON-UNION, METACARPAL	04	N	Referral Required
26548	REPAIR/RECONSTRUCT, FINGER,V	04	N	Referral Required
26550	POLLICIZATION, FINGER	02	N	Referral Required
26555	POSITIONAL CHANGE, FINGER	03	N	Referral Required
26560	REPAIR, SYNDACTLY, FINGERS	02	N	Referral Required
26561	REPAIR, SYNDACTLY, FINGERS	03	N	Referral Required
26562	REPAIR SYNDACTYLY EA WEB SPA	04	N	Referral Required
26565	OSTEOTOMY, FINGER	05	N	Referral Required
26567	OSTEOTOMY, FINGER	05	N	Referral Required
26568	OSTEOPLASTY TO LENGTHEN META	03	N	Referral Required
26580	REPAIR, CLEFT HAND	05	N	Referral Required
26587	RECONSTRUCTION SUPERNUMERARY	05	N	Referral Required
26590	REPAIR, MACRODACTLY	05	N	Referral Required
26591	REPAIR INTRINSIC MUSCLES OF	03	N	Referral Required
26593	RELEASE, INTRINSIC MUSCLES O	03	N	Referral Required
26596	EXCISION CONSTRICTING RING O	02	N	Referral Required
26605	FRACTURE, METACARPAL	02	N	Referral Required
26607	TREATMENT CLOSED METACARPAL FRACTUR	02	N	Referral Required
26608	PERCUTANEOUS SKELETAL FIXATION META	04	N	Referral Required
26615	FRACTURE, METACARPAL	04	N	Referral Required
26645	FCTRE/DISLOC, CARPOMETACARPA	01	N	Referral Required
26650	FCTRE/DISLOC, CARPOMETACARPA	02	N	Referral Required
26665	FCTRE/DISLOC, CARPOMETACARPA	04	N	Referral Required
26675	FCTRE/DISLOC, CARPOMETACARPA	02	N	Referral Required
26676	TREAT CLOSED CARPOMETACARPAL	02	N	Referral Required
26685	FCTRE/DISLOC, CARPOMETACARPA	03	N	Referral Required
26686	OPEN TREAT OF C/O CARPOMETAC	03	N	Referral Required
26705	DISLOC, METACARPO-PHALANGEAL	02	N	Referral Required
26706	TREAT CLOSED METACARPOPHALAN	02	N	Referral Required
26715	DISLOC, METACARPO-PHALANGEAL	04	N	Referral Required
26727	TRTMT UNSTABLE PHALANGEAL SHAFT F	07	N	Referral Required
26735	FRACTURE, PHALANX, FINGER	04	N	Referral Required
26742	TREATMENT CLOSED ARTICULAR FRACTURE	02	N	Referral Required
26746	OPEN TX/ARTICULAR FX,METACARPAL-PHA	05	N	Referral Required
26756	OPEN TREAT CLOSED/OPEN DISTAL PHALA	02	N	Referral Required
26765	FRACTURE, PHALANX, FINGER	04	N	Referral Required
26776	WITH PERCUTANEOUS PINNING	02	N	Referral Required
26785	DISLC, INTPHALANGEAL JNT, FG	02	N	Referral Required
26820	FUSION IN OPPOSITION, THUMB	05	N	Referral Required
26841	ARTHRODESIS, CARPOMTCRPL JNT	04	N	Referral Required
26842	ARTHRODESIS, CARPOMTCRPL JNT	04	N	Referral Required

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26843	ARTHRODESIS, CARPOMTCRPL JNT	03	N	Referral Required
26844	ARTHRODESIS, CARPOMTCRPL JNT	03	N	Referral Required
26850	ARTHRODESIS, METCRPOPHALNGL	04	N	Referral Required
26852	ARTHRODESIS, METCRPOPHALNGL JT	04	N	Referral Required
26860	ARTHRODESIS, ITRPHLNGL JT, F	03	N	Referral Required
26861	ARTHRODESIS INTERPHALANGEAL JNT W/W	02	N	Referral Required
26862	ARTHRODESIS, ITRPHLNGL JT, F	04	N	Referral Required
26863	ARTHRODESIS W/AUTOGRAFT, EACH ADDIT	03	N	Referral Required
26910	AMPUTATION, METACARPAL	03	N	Referral Required
26951	AMPUTATION, FINGER/THUMB	02	N	Referral Required
26952	AMPUTATION, FINGER/THUMB	04	N	Referral Required
26990	DRAINAGE, ABSCESS, PELVIS	01	N	Referral Required
26991	DRAINAGE, BURSA, HIP JOINT	01	N	Referral Required
27000	TENOTOMY,ADDUCTOR	02	N	Referral Required
27001	TENOTOMY ABDUCTOR SUBCUTAN,O	03	N	Referral Required
27003	TENOTOMY, ADDUCTOR, SUBCUTAN	03	N	Referral Required
27033	ARTHROTOMY, HIP	03	N	Referral Required
27035	DENERVATION, HIP JOINT	04	N	Referral Required
27040	BIOPSY, SOFT TISSUE OF PELVI	01	N	Referral Required
27041	BIOPSY, SOFT TISSUES, DEEP	02	N	Referral Required
27043	3 CM OR GREATER	02	N	Referral Required
27045	5 CM OR GREATER	02	N	Referral Required
27047	EXCISION OF TUMOR PELVIS, HI	02	N	Referral Required
27048	EXCISION, TUMOR, HIP	03	N	Referral Required
27049	RADICAL RESECTION TUMOR,SOFT	03	N	Referral Required
27050	BIOPSY, SACROILIAC JOINT	03	N	Referral Required
27052	BIOPSY, HIP JOINT	03	N	Referral Required
27059	5 CM OR GREATER	02	N	Referral Required
27060	EXCISION, ISCHIAL BURSA	05	N	Referral Required
27062	EXCISION, TROCHANTERIC BURSA	05	N	Referral Required
27065	EXCISION, CYST, PELVIS	05	N	Referral Required
27066	EXCISION, CYST, PELVIS	05	N	Referral Required
27067	EXCISION OF BONE CYST/BENIGN	05	N	Referral Required
27080	COCCYGECTOMY-PRIMARY	02	N	Referral Required
27086	REMOVAL FB PELVIS OR HIP SUB	01	N	Referral Required
27087	REMOVAL, FOREIGN BODY, HIP	03	N	Referral Required
27096	INJECTION FOR SACROILIAC JOINT	01	N	Referral Required
27097	HAMSTRING RECESSION	03	N	Referral Required
27098	ADDUCTOR TRANSFER	03	N	Referral Required
27100	TRANSFER, MUSCLE, OBLIQUE	04	N	Referral Required
27105	TRANSFER, MUSCLE, PARASPINAL	04	N	Referral Required
27110	TRANSFER, ILIOPSOAS	04	N	Referral Required

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27111	TRANSFER,ILIOPSOAS	04	N	Referral Required
27193	CLOSED TRTMENT OF PELVIC RIN	01	N	Referral Required
27194	CLOSED TREAT PELVIC RING FX	02	N	Referral Required
27202	OPEN TREATMENT OF CLOSED/OPE	02	N	Referral Required
27230	FRACTURE, FEMUR	01	N	Referral Required
27238	FRACTURE, INTERTROCHANTERIC	01	N	Referral Required
27246	FRACTURE, GREATER TROCHANTER	01	N	Referral Required
27250	DISLOCATION, HIP	01	N	Referral Required
27252	DISLOCATION, HIP	02	N	Referral Required
27257	DISLOCATION, HIP	03	N	Referral Required
27265	TREATMENT ATRAUMATIC HIP DIS	01	N	Referral Required
27266	TREATMENT OF ATRAUMATIC HIP	02	N	Referral Required
27275	MANIPULATION, HIP JOINTS	02	N	Referral Required
27301	INCISION/DRAINAGE DEEP ABSCE	03	N	Referral Required
27305	FASCIOTOMY, ILIO-TIBIAL	02	N	Referral Required
27306	TENOTOMY, DISTAL HAMSTRING	03	N	Referral Required
27307	TENOTOMY, DISTAL HAMSTRING	03	N	Referral Required
27310	ARTHROTOMY, KNEE	04	N	Referral Required
27323	BIOPSY, SOFT TISSUE THIGH OR	01	N	Referral Required
27324	BIOPSY SOFT TISSUE DEEP THIG	01	N	Referral Required
27325	NEURECTOMY, HAMSTRING MUSCLE	02	N	Referral Required
27326	NEURECTOMY, POPLITEAL (GASTROCNEMI	02	N	Referral Required
27327	EXCISION TUMOR THIGH OR KNEE	02	N	Referral Required
27328	EXCISION TUMOR THIGH OR KNEE	03	N	Referral Required
27329	RADICAL RESECTION OF TUMOR/S	04	N	Referral Required
27330	ARTHROTOMY, KNEE	04	N	Referral Required
27331	ARTHROTOMY, KNEE	04	N	Referral Required
27332	ARTHROTOMY, KNEE	04	N	Referral Required
27333	ARTHROTOMY, KNEE	04	N	Referral Required
27334	ARTHROTOMY, KNEE	04	N	Referral Required
27335	ARTHROTOMY, KNEE	04	N	Referral Required
27337	3 CM OR GREATER	02	N	Referral Required
27339	5 CM OR GREATER	02	N	Referral Required
27340	EXCISION, BURSA, PREPATELLAR	03	N	Referral Required
27345	EXCISION, CYST, POPLITEAL	04	N	Referral Required
27347	EXCISION OF LESION OF MEN. OR CAP.	04	N	Referral Required
27350	PATELLECTOMY	04	N	Referral Required
27355	EXCISION, CYST, FEMUR	03	N	Referral Required
27356	EXCISION BONE CYST BENIGN TU	04	N	Referral Required
27357	EXCISION, CYST, FEMUR	05	N	Referral Required
27358	EXCISION/CURETTAGE BONE CYST	05	N	Referral Required
27360	EXCISION, PARTIAL, FEMUR	05	N	Referral Required

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27364	5 CM OR GREATER	02	N	Referral Required
27372	REMOVAL FB DEEP THIGH/KNEE	07	N	Referral Required
27380	SUTURE, TENDON, INFRAPATELLA	01	N	Referral Required
27381	SUTURE INFRAPATELLAR TENDON	03	N	Referral Required
27385	SUTURE, MUSCLE, QUADRICEPS	03	N	Referral Required
27386	SUTURE, MUSCLE, QUADRICEPS	03	N	Referral Required
27390	TENOTOMY, HAMSTRING	01	N	Referral Required
27391	TENOTOMY, HAMSTRING	02	N	Referral Required
27392	TENOTOMY, HAMSTRING,KNEE-HIP	03	N	Referral Required
27393	LENGTHENING, TENDON, HAMSTRI	02	N	Referral Required
27394	LENGTHENING, TENDON, HAMSTRI	03	N	Referral Required
27395	LENGTHENING OF HAMSTRING TEN	03	N	Referral Required
27396	TRANSPLANT, TENDON, HAMSTRIN	03	N	Referral Required
27397	TRANSPLANT, TENDON, HAMSTRIN	03	N	Referral Required
27400	TRANSFER, MUSCLE, HAMSTRING	03	N	Referral Required
27403	ARTHROTOMY W/OPEN MENISCUS R	04	N	Referral Required
27405	REPAIR, LIGAMENT, KNEE	04	N	Referral Required
27407	REPAIR, LIGAMENT, KNEE	04	N	Referral Required
27409	REPAIR, LIGAMENT, KNEE	04	N	Referral Required
27418	ANTERIOR TIBIAL TUBERCLEPLAS	03	N	Referral Required
27420	RECONSTRUCTION, PATELLA	03	N	Referral Required
27422	RECONSTRUCTION, PATELLA	07	N	Referral Required
27424	RECONSTRUCTION, PATELLA	03	N	Referral Required
27425	LATERAL RETINACULAR RELEASE	07	N	Referral Required
27427	LIGAMENT RECONSTRUCTION KNEE	03	N	Referral Required
27428	RECONSTRUCTION KNEE INTRAART	04	N	Referral Required
27429	RECONSTRUCTION KNEE INTRA AN	04	N	Referral Required
27430	QUADRICEPSPLASTY	04	N	Referral Required
27435	CAPSULOTOMY, KNEE	04	N	Referral Required
27437	ARTHROPLASTY PATELLA	04	N	Referral Required
27438	ARTHROPLASTY PATELLA W/PROST	05	N	Referral Required
27441	ARTHROPLASTY W/DEBRIDEMENT A	05	N	Referral Required
27442	ARTHROPLASTY, KNEE, FEMORAL	05	N	Referral Required
27443	ARTHROPLASTY W/DEBRIDEMENT &	05	N	Referral Required
27496	DECOMPRESSION FASCIOTOMY THI	05	N	Referral Required
27497	DECOMPRESS FASCIOTOMY THIGH	03	N	Referral Required
27498	DECOMPRESSION FASCIOTOMY HIG	03	N	Referral Required
27499	DECOMPRESS FASCIOTOMY THIGH	03	N	Referral Required
27500	FRACTURE, FEMUR	01	N	Referral Required
27501	CLOSED TREAT SUPRACONDYLAR F	02	N	Referral Required
27502	FRACTURE, FEMUR	02	N	Referral Required
27503	CLOSED TREAT SUPRACONDYLAR F	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
27508	FRACTURE, FEMUR	01	N	Referral Required
27509	PERCUTANEOUS SKELETAL FIXATI	03	N	Referral Required
27510	FRACTURE, FEMUR	01	N	Referral Required
27516	FRACTURE, FEMUR	01	N	Referral Required
27517	FRACTURE, FEMUR	01	N	Referral Required
27520	FRACTURE, PATELLA	01	N	Referral Required
27530	FRACTURE, TIBIA	01	N	Referral Required
27532	FRACTURE, TIBIA	01	N	Referral Required
27538	FRACTURE, TIBIA	01	N	Referral Required
27550	DISLOCATION, KNEE	01	N	Referral Required
27552	DISLOCATION, KNEE	01	N	Referral Required
27560	TREAT CLOSED PATELLAR DISLOC	01	N	Referral Required
27562	DISLOCATION, PATELLA	01	N	Referral Required
27566	DISLOCATION, PATELLA	02	N	Referral Required
27570	MANIPULATION, KNEE JOINT	01	N	Referral Required
27594	AMPUTATION, THIGH	03	N	Referral Required
27600	DECOMPRESSION FASCIOTOMY LEG	03	N	Referral Required
27601	DECOMPRESSION FASCIOTOMY,LEG	03	N	Referral Required
27602	FASCIOTOMY, LEG	03	N	Referral Required
27603	INCISION/DRAIN LEG/ANKLE DEE	02	N	Referral Required
27604	INCISION/DRAIONAGE LEG/ANKLE	02	N	Referral Required
27605	TENOTOMY, ACHILLES TENDON	01	N	Referral Required
27606	TENOTOMY, ACHILLES TENDON	01	N	Referral Required
27607	INCISION DEEP W/OPENING BONE	02	N	Referral Required
27610	ARTHROTOMY, ANKLE	02	N	Referral Required
27612	ARTHROTOMY, ANKLE	03	N	Referral Required
27614	BX SOFT TISSUES, DEEP	02	N	Referral Required
27615	RADICAL RECESTION OF TUMOR,S	03	N	Referral Required
27616	5 CM OR GREATER	02	N	Referral Required
27618	EXCISION, BENIGN TUMOR, SUBC	02	N	Referral Required
27619	EXCISION, TUMOR, LEG OR ANKL	03	N	Referral Required
27620	ARTHROTOMY, ANKLE	04	N	Referral Required
27625	ARTHROTOMY, ANKLE	04	N	Referral Required
27626	ARTHROTOMY, INCLUDING TENOSY	04	N	Referral Required
27630	EXCISION, LESION, LEG	03	N	Referral Required
27632	3 CM OR GREATER	02	N	Referral Required
27634	5 CM OR GREATER	02	N	Referral Required
27635	EXCISION, CYST, TIBIA/FIBULA	03	N	Referral Required
27637	EXCISION, CYST, TIBIA/FIBULA	03	N	Referral Required
27638	EXCISION/CURETTAGE BONE CYST	03	N	Referral Required
27640	EXCISION, PARTIAL, TIBIA	02	N	Referral Required
27641	EXCISION, PARTIAL, FIBULA	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
27647	RESECTION, ASTRAGALUS	03	N	Referral Required
27650	REPAIR, ACHILLES TENDON	03	N	Referral Required
27652	REPAIR RUPTURED ACHILLES TEN	03	N	Referral Required
27654	REPAIR, ACHILLES TENDON	03	N	Referral Required
27656	REPAIR, FASCIAL DEFECT, LEG	02	N	Referral Required
27658	REPAIR, TENDON, LEG	01	N	Referral Required
27659	REPAIR, TENDON, LEG	02	N	Referral Required
27664	REPAIR OF EXTENSOR TENDON OF LEG PR	02	N	Referral Required
27665	SECONDARY WITH OR W/O GRAFT, SINGLE	02	N	Referral Required
27675	REPAIR DISLOCATING PERONAL T	02	N	Referral Required
27676	REPAIR, TENDON, LEG	03	N	Referral Required
27680	TENOLYSIS, LEG	03	N	Referral Required
27681	TENOLYSIS, LEG	02	N	Referral Required
27685	LENGTHEN/SHORTEN TENDON, LEG	03	N	Referral Required
27686	LENGTHEN/SHORTEN TENDON, LEG	03	N	Referral Required
27687	GASTROCNEMIUS RECESSION	03	N	Referral Required
27690	TRANSFER, TENDON, LEG	04	N	Referral Required
27691	TRANSFER, TENDON, LEG	04	N	Referral Required
27692	TRANSFER, TENDON, LEG	03	N	Referral Required
27695	REPAIR, LIGAMENT, ANKLE	02	N	Referral Required
27696	REPAIR, LIGAMENT, ANKLE	02	N	Referral Required
27698	REPAIR, LIGAMENT, ANKLE	02	N	Referral Required
27700	ARTHROPLASTY, ANKLE	05	N	Referral Required
27704	REMOVAL OF ANKLE IMPLANT	02	N	Referral Required
27705	OSTEOTOMY, TIBIA	02	N	Referral Required
27707	OSTEOTOMY, FIBULA	02	N	Referral Required
27709	OSTEOTOMY, TIBIA/FIBULA	02	N	Referral Required
27730	EPIPHYSEAL ARREST, LOWER LEG	02	N	Referral Required
27732	EPIPHYSEAL ARREST, LOWER LEG	02	N	Referral Required
27734	EPIPHYSEAL ARREST, LOWER LEG	02	N	Referral Required
27740	EPIPHYSEAL ARREST, LOWER LEG	02	N	Referral Required
27742	EPIPHYSEAL ARREST, LOWER LEG	02	N	Referral Required
27745	PROPHYLACTIC TREATMENT, TIBI	03	N	Referral Required
27750	FRACTURE, TIBIA	01	N	Referral Required
27752	FRACTURE, TIBIA	01	N	Referral Required
27756	FRACTURE, TIBIA	03	N	Referral Required
27758	OPEN CLOSED TRIMENT TIBIAL S	04	N	Referral Required
27759	OPEN TREAT TIBIAL SHAFT FX B	04	N	Referral Required
27760	FRACTURE MEDIAL MALLEOLUS	01	N	Referral Required
27762	FRACTURE, TIBIA	01	N	Referral Required
27766	FRACTURE, TIBIA	03	N	Referral Required
27780	FRACTURE, FIBULA	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
27781	FRACTURE, FIBULA; WITH MANIP	01	N	Referral Required
27784	FRACTURE, FIBULA	03	N	Referral Required
27788	FRACTURE, FIBULA	01	N	Referral Required
27792	OPEN TREATMENT DISTAL FIBULA	03	N	Referral Required
27808	FRACTURE, TIBIA AND FIBULA	01	N	Referral Required
27810	FRACTURE, TIBIA AND FIBULA	01	N	Referral Required
27814	FRACTURE, TIBIA AND FIBULA	03	N	Referral Required
27816	TREAT CLOSED TRIMALLEOLAR AN	01	N	Referral Required
27818	FRACTURE, TIBIA AND FIBULA	01	N	Referral Required
27822	FRACTURE, TIBIA AND FIBULA	03	N	Referral Required
27823	FRACTURE, TIBIA AND FIBULA	03	N	Referral Required
27824	CLOSED TREAT WEIGHT BEARING	01	N	Referral Required
27825	W/SKELETAL TRACTION OR REQUI	02	N	Referral Required
27826	OPEN TREAT FX WT BEARING ART	03	N	Referral Required
27827	FRACTURE/DISLOCATION OF TIBIA ONLY	03	N	Referral Required
27828	OF BOTH TIBIA AND FIBULA	04	N	Referral Required
27829	OPEN TREAT DISTAL TIBIOFIBUL	02	N	Referral Required
27830	DISLOCATION, TIBIO-FIBULAR J	01	N	Referral Required
27831	TREATMENT PROXIAML TIBIOFIBU	01	N	Referral Required
27832	DISLOCATION, TIBIO-FIBULAR J	02	N	Referral Required
27840	DISLOCATION, ANKLE	01	N	Referral Required
27842	DISLOCATION, ANKLE	01	N	Referral Required
27846	DISLOCATION, ANKLE	03	N	Referral Required
27848	DISLOCATION, TIBIO-FIBULAR J	03	N	Referral Required
27860	MANIPULATION, ANKLE	01	N	Referral Required
27870	ARTHRODESIS, ANKLE	04	N	Referral Required
27871	ARTHRODESIS TIBIOFIBULAR JOI	04	N	Referral Required
27884	AMPUTATION, LEG	03	N	Referral Required
27889	DISARTICULATION, ANKLE	03	N	Referral Required
27892	DECOMPRESSION FASCIOTOMY LEG	03	N	Referral Required
27893	POSTERIOR COMPARTMENTS ONLY	03	N	Referral Required
27894	ANTERIOR AND LATERAL COMPART	03	N	Referral Required
28002	DEEP DISSECTION BELOW FASCIA	03	N	Referral Required
28003	DEEP DISSECTION BELOW FASCIA	03	N	Referral Required
28005	INCISION, DEEP, W/OPENING OF BONE C	03	N	Referral Required
28008	FASCIOTOMY FOOT-TOE	03	N	Referral Required
28011	TENOTOMY, TOE	03	N	Referral Required
28020	ARTHROTOMY, TOE JOINTS	02	N	Referral Required
28022	ARTHROTOMY, TOE JOINTS	02	N	Referral Required
28024	ARTHROTOMY, TOE JOINTS	02	N	Referral Required
28035	TARSAL TUNNEL RELEASE	04	N	Referral Required
28039	1.5 CM OR GREATER	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
28041	1.5 CM OR GREATER	02	N	Referral Required
28043	EXCISION TUMOR FOOT SUBCUTAN	02	N	Referral Required
28045	EXCISION, TUMOR, FOOT	03	N	Referral Required
28046	RADICAL RESECTION OF TUMOR,	03	N	Referral Required
28047	3 CM OR GREATER	02	N	Referral Required
28050	ARTHROTOMY, FOOT JOINT	02	N	Referral Required
28052	ARTHROTOMY, FOOT JOINT	02	N	Referral Required
28054	ARTHROTOMY, FOOT JOINT	02	N	Referral Required
28055	NEURECTOMY, INTRINSIC MUSCULATURE	04	N	Referral Required
28060	FASCIECTOMY, PLANTAR	02	N	Referral Required
28062	FASCIECTOMY EXCISION OF PLAN	03	N	Referral Required
28070	SYNOVECTOMY, FOOT JOINTS	03	N	Referral Required
28072	SYNOVECTOMY, FOOT JOINTS	03	N	Referral Required
28080	EXCISION, MORTONS NEUROMA	03	N	Referral Required
28086	SYNOVECTOMY, FOOT TENDONS	02	N	Referral Required
28088	SYNOVECTOMY, FOOT TENDONS	02	N	Referral Required
28090	EXCISION, LESION, FOOT	03	N	Referral Required
28092	EXCISION LESION OF TENDON OR	03	N	Referral Required
28100	EXCISION, TUMOR, FOOT BONES	02	N	Referral Required
28102	EXCISION, TUMOR, FOOT BONES	03	N	Referral Required
28103	EXCISION OF BONE CYST/BENIGN	03	N	Referral Required
28104	EXCISION, TUMOR, FOOT BONES	02	N	Referral Required
28106	EXCISION, TUMOR, FOOT BONES	03	N	Referral Required
28107	EXCISION BONE CYST TARSAL/ME	03	N	Referral Required
28108	EXCISION, TUMOR, FOOT BONES	02	N	Referral Required
28110	OSTECTOMY PARTIAL EXCISION F	03	N	Referral Required
28111	OSTECTOMY, METATARSAL	03	N	Referral Required
28112	OSTECTOMY, METATARSAL	03	N	Referral Required
28113	OSTECTOMY COMPLETE 5TH METAT	03	N	Referral Required
28114	OSTECTOMY, METATARSAL	03	N	Referral Required
28116	EXCISION, TARSAL COALITION	03	N	Referral Required
28118	EXCISION, OS CALCIS	04	N	Referral Required
28119	EXCISION, OS CALCIS	04	N	Referral Required
28120	EXCISION, PARTIAL, FOOT BONE	07	N	Referral Required
28122	EXCISION, PARTIAL, FOOT BONE	03	N	Referral Required
28124	EXCISION, PARTL, PHALANX, TO	01	N	Referral Required
28126	CONDYLECTOMY, PHALANGEAL BAS	03	N	Referral Required
28130	ASTRAGALECTOMY	03	N	Referral Required
28140	METATARSECTOMY, FOOT	03	N	Referral Required
28150	PHALANGECTOMY, FOOT	03	N	Referral Required
28153	RESECTION, HEAD OF PHALANX,	03	N	Referral Required
28160	HEMIPHALANGECTOMY, FOOT	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
28171	RADICAL RESECTION FOR TUMOR	03	N	Referral Required
28173	RADICAL RESECTION FOR TUMOR	03	N	Referral Required
28175	RADICAL RESECTION FOR TUMOR	03	N	Referral Required
28192	REMOVAL FB FOOT DEEP	02	N	Referral Required
28193	REMOVAL FB FOOT COMPLICATED	04	N	Referral Required
28200	REPAIR, TENDON, FOOT	03	N	Referral Required
28202	REPAIR, TENDON, FOOT	03	N	Referral Required
28208	REPAIR, TENDON, FOOT	03	N	Referral Required
28210	REPAIR, TENDON, FOOT	03	N	Referral Required
28222	TENOLYSIS, FOOT	01	N	Referral Required
28225	TENOLYSIS, FOOT	01	N	Referral Required
28226	TENOLYSIS, EXTENSOR, FOOT, MULTIPLE	01	N	Referral Required
28232	TENOTOMY, FOOT	08	N	Referral Required
28234	TENOTOMY, FOOT	02	N	Referral Required
28238	ADVANCEMENT, TENDON, FOOT	03	N	Referral Required
28240	TENOTOMY, ABDUCTR HALLCS MSL	02	N	Referral Required
28250	DIVISION, PLANTAR FASCIA	03	N	Referral Required
28260	CAPSULOTOMY, FOOT	03	N	Referral Required
28261	CAPSULOTOMY, FOOT	03	N	Referral Required
28262	CAPSULOTOMY, FOOT	04	N	Referral Required
28264	CAPSULOTOMY, FOOT	01	N	Referral Required
28270	CAPSULOTOMY, FOOT	03	N	Referral Required
28272	CAPSULATOMY INTERPHALANGEAL JOINT,	01	N	Referral Required
28280	WEBBING OPERATION, TOES	02	N	Referral Required
28285	ARTHRODESIS, INTRPHNGL JT, T	03	N	Referral Required
28286	PLASTIC PROCEDURE, FIFTH TOE	04	N	Referral Required
28288	EXOSTECTOMY, METATARSAL	03	N	Referral Required
28289	HALLUX RIGIDUS CORRECT DEBRIDMENT	03	N	Referral Required
28290	HALLUX VALGUS CORRECTION	02	N	Referral Required
28292	HALLUX VALGUS CORRECTION	02	N	Referral Required
28293	HALLUX VALGUS CORRECTION	03	N	Referral Required
28294	HALLUX VALGUS CORRECTION	03	N	Referral Required
28296	HALLUX VALGUS CORRECTION	03	N	Referral Required
28297	LAPIDUS PIPE PROCEDURE, BUNI	03	N	Referral Required
28298	HALLUX VALGUS CORRECTION	03	N	Referral Required
28299	OSTEOTOMY-HALLUS VALGUS	05	N	Referral Required
28300	OSTEOTOMY, FOOT BONES	02	N	Referral Required
28302	OSTEOTOMY, FOOT BONES	02	N	Referral Required
28304	OSTEOTOMY, FOOT BONES	02	N	Referral Required
28305	OSTEOTOMY, FOOT BONES	03	N	Referral Required
28306	OSTEOTOMY, FOOT BONES	04	N	Referral Required
28307	OSTEOTOMY FIRST METATARSAL W	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
28308	OSTEOTOMY, FOOT BONES	02	N	Referral Required
28309	OSTEOTOMY METATARSALS MULTIP	04	N	Referral Required
28310	OSTEOTOMY, FOOT BONES	03	N	Referral Required
28312	OSTEOTOMY, FOOT BONES	03	N	Referral Required
28313	RECONSTRUCT ANGULAR DEFORMIT	02	N	Referral Required
28315	SESAMOIDECTOMY, FIRST TOE	04	N	Referral Required
28320	REPAIR, NON-UNION, FOOT BONE	04	N	Referral Required
28322	REPAIR, NON-UNION, FOOT BONE	04	N	Referral Required
28340	RECONSTRUCTION,TOE MACRODACT	04	N	Referral Required
28341	RECONSTRUCTION,TOE,MACRODACT	04	N	Referral Required
28344	RECONSTRUCTION, TOE, MACRODA	04	N	Referral Required
28345	RECONSTRUCTION, TOES; SYNDAC	04	N	Referral Required
28400	FRACTURE, OS CALCIS	01	N	Referral Required
28405	FRACTURE, OS CALCIS	02	N	Referral Required
28406	FRACTURE, OS CALCIS	02	N	Referral Required
28415	FRACTURE, OS CALCIS	03	N	Referral Required
28420	FRACTURE, OS CALCIS	04	N	Referral Required
28435	FRACTURE, ASTRAGALUS	02	N	Referral Required
28436	TREAT CLOSED TALUS FX W/MANI	02	N	Referral Required
28445	FRACTURE, ASTRAGALUS	03	N	Referral Required
28456	TREAT CLOSED TARSAL BONE FX	02	N	Referral Required
28465	FRACTURE, TARSAL BONES	03	N	Referral Required
28476	TREATMENT OF CLOSED METATARS	02	N	Referral Required
28485	FRACTURE, METATARSAL	04	N	Referral Required
28496	CLOSED FX GT TOE W/MANIP AND	02	N	Referral Required
28505	FRACTURE, PHALANX, TOE	03	N	Referral Required
28525	FRACTURE, PHALANX, TOE	03	N	Referral Required
28531	OPEN TREAT SESAMOID FX W/WO	03	N	Referral Required
28545	DISLOCATION, TARSAL BONE	01	N	Referral Required
28546	DISLOCATION, TARSAL BONE	02	N	Referral Required
28555	DISLOCATION, TARSAL BONE	02	N	Referral Required
28575	DISLOC, ASTRAGALO-TARSAL JOI	01	N	Referral Required
28576	PERCUTANEOUS SKELETAL FIXATI	03	N	Referral Required
28585	DISLOC, ASTRAGALO-TARSAL JOI	03	N	Referral Required
28605	DISLOC, TARSO-METATARSAL JOI	01	N	Referral Required
28606	DISLOC, TARSO-METATARSAL JOI	02	N	Referral Required
28615	DISLOC, TARSO-METATARSAL JOI	03	N	Referral Required
28635	DISLOC, METATARSO-PHLNGL JNT	01	N	Referral Required
28636	PERCUTANEOUS SKELETAL FIXATI	03	N	Referral Required
28645	DISLOC, METATARSO-PHLNGL JNT	03	N	Referral Required
28665	CLOSED INTERPHALANGEAL JOINT	01	N	Referral Required
28666	PERCUTANEOUS SKELETAL FIXATI	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
28675	DISLOC, INTERPHLNGL JNT, TOE	03	N	Referral Required
28705	ARTHRODESIS, PANTALAR	04	N	Referral Required
28715	TRIPLE ARTHRODESIS	04	N	Referral Required
28725	ARTHRODESIS, SUBTALAR	04	N	Referral Required
28730	ARTHRODESIS, MIDTARSAL	04	N	Referral Required
28735	FLATFOOT CORRECTION	04	N	Referral Required
28737	ARTHRODESIS, MIDTARSAL	05	N	Referral Required
28740	ARTHRODESIS, MIDTARSAL OR TA	04	N	Referral Required
28750	ARTHRODESIS, GREAT TOE	04	N	Referral Required
28755	ARTHRODESIS, GREAT TOE, INTE	04	N	Referral Required
28760	ARTHRODESIS, INTERPHALANGEAL	04	N	Referral Required
28810	AMPUTATION, METATARSAL	02	N	Referral Required
28820	AMPUTATION, TOE	02	N	Referral Required
28825	AMPUTATION, TOE	02	N	Referral Required
29710	CAST REPAIR OR REMOVAL	01	N	Referral Required
29800	ARTHROSCOPY,TMJ,DIAGNOSTIC W	03	N	Referral Required
29804	ARTHROSCOPY, TMJ, SURGICAL	03	N	Referral Required
29805	ARTHROSCOPY SHOULDER	03	N	Referral Required
29806	ARTHROSCOPY SHOULDER	03	N	Referral Required
29807	ARTHROSCOPY, SHOULDER	03	N	Referral Required
29819	ARTHROSCOPY SHOULDER SURG W/	03	N	Referral Required
29820	ARTHROSCOPY, SYNOVECTOMY, PA	03	N	Referral Required
29821	SYNOVECTOMY COMPLETE	03	N	Referral Required
29822	ARTHROSCOPY SHOULDER DEBRIDE	03	N	Referral Required
29823	ARTHROSCOPY SHOULDER SURGICA	03	N	Referral Required
29824	ARTHROSCOPY, SHOULDER	05	N	Referral Required
29825	ARTHROSCOPY,SHOULDER W/LYSIS	03	N	Referral Required
29826	ARTHROSCOPY SHOULDER DECOMPR	03	N	Referral Required
29827	ARTHROSCOPY- SHOULDER	05	N	Referral Required
29830	ARTHROSCOPY ELBOW DIAGNOSTIC	03	N	Referral Required
29834	ARTHROSCOPY,ELBOW,SURGICAL;R	03	N	Referral Required
29835	ARTHROSCOPY ELBOW SURG SYNOV	03	N	Referral Required
29836	ARTHROSCOPY,ELBOW,SURGICAL;S	03	N	Referral Required
29837	ARTHROSCOPY,ELBOW,SURGICAL;D	03	N	Referral Required
29838	DEBRIDEMENT EXTENSIVE	03	N	Referral Required
29840	ARTHROSCOPY WRIST DIAGNOSTIC	03	N	Referral Required
29843	ARTHROSCOPY WRIST SURG FOR I	03	N	Referral Required
29844	ARTHROSCOPY, SNYOVECTOMY, PA	03	N	Referral Required
29845	SYNOVECTOMY COMPLETE	03	N	Referral Required
29846	ARTHROSCOPY, WRIST, EXCISION	03	N	Referral Required
29847	ARTHROSCOPY,WRIST,SURGICAL;I	03	N	Referral Required
29848	ARTHROSCOPY WRIST SURG/W/REL	09	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
29850	ARTHROSCOPICALLY AIDED TREAT	04	N	Referral Required
29851	ARTHROSCOPICALLY AID TREAT W	04	N	Referral Required
29855	ARTHROSCOPICALLY AIDED TXOF	04	N	Referral Required
29856	BICONDYLAR,W/WO INTERNAL OR	04	N	Referral Required
29860	ARTHROSCOPY, HIP, DIAGNOSTIC	04	N	Referral Required
29861	ARTHOSCOPY, HIP, SURGICAL,REM F/B	04	N	Referral Required
29862	ARTHOSCOPY, HIP, SURGICAL,DEBRIDMEN	09	N	Referral Required
29863	ARTHROSCOPY, HIP, SURGICAL;W/SYNOV	04	N	Referral Required
29870	ARTHROSCOPY KNEE DIAGNOSTIC	03	N	Referral Required
29871	ARTHROSCOPY, KNEE SURGICAL F	03	N	Referral Required
29873	ARTHROSCOPY - KNEE	08	N	Referral Required
29874	ARTHROSCOPY KNEE FOR REMOVAL	03	N	Referral Required
29875	ARTHROSCOPY KNEE SYNOVECTOMY	04	N	Referral Required
29876	ARTHROSCOPY KNEE SYNOVECTOMY	04	N	Referral Required
29877	ARTHROSCOPY KNEE DEBRIDEMENT	04	N	Referral Required
29879	ARTHROSCOPY KNEE ABRASION AR	03	N	Referral Required
29880	ARTHROSCOPY KNEE SURGICAL WI	04	N	Referral Required
29881	ARTHROSCOPY KNEE W/MENISCECT	04	N	Referral Required
29882	ARTHROSCOPY KNEE MENISCUS RE	03	N	Referral Required
29883	ARTHROSCOPY WITH MENISCUS RE	03	N	Referral Required
29884	ARTHROSCOPY KNEE W/LYSIS OF	03	N	Referral Required
29885	DRILLING FOR OSTEOCONDRITIS	03	N	Referral Required
29886	ARTHROSCOPY KNEE DRILLING FO	03	N	Referral Required
29887	ARTHROSCOPY KNEE DRILLING IN	03	N	Referral Required
29888	ARTHROSCOPICALLY AIDED ANTER	03	N	Referral Required
29889	ARTHROSCOPICALLY AIDED POSTE	03	N	Referral Required
29891	ARTHROSCOPY, ANKLE, SURGICAL	03	N	Referral Required
29892	ARTHROSCOPICALLY AIDED REPAI	03	N	Referral Required
29893	ENDOSCOPIC PLANTAR FASCIOTOM	09	N	Referral Required
29894	ARTHROSCOPY ANKLE TIBIOTALAR	03	N	Referral Required
29895	ARTHROSCOPY ANKLE SYNOVECTOM	03	N	Referral Required
29897	ARTHROSCOPY DEBRIDEMENT LIMI	03	N	Referral Required
29898	ARTHROSCOPY ANKLE TIB/FIB JO	03	N	Referral Required
29899	ARTHROSCOPY - ANKLE	03	N	Referral Required
29900	ARTHROSCOPY, METACARPOPHALANGEAL	03	N	Referral Required
29901	ARTHROSCOPY, METACARPOPHALANGEAL	03	N	Referral Required
29902	ARTHROSCOPY, METACARPOPHALANGEAL	03	N	Referral Required
30115	NASAL POLYP EXCISION	02	N	Referral Required
30117	EXCISION/DESTRUCTION ANY MET	03	N	Referral Required
30118	EXCISION/DESTRUCTION ANY MET	03	N	Referral Required
30120	EXCISION, SKIN NOSE	01	N	Referral Required
30125	EXCISION DERMOID CYST COMPLE	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
30130	EXCISION, TURBINATE	03	N	Referral Required
30140	RESECTION, TURBINATE	02	N	Referral Required
30150	RHINECTOMY; PARTIAL	03	N	Referral Required
30160	RHINECTOMY; TOTAL	04	N	Referral Required
30220	INSERT NASAL SEPTAL PROSTHES	03	N	Referral Required
30310	REMOVAL FOREIGN BODY INTRANA	01	N	Referral Required
30320	REMOVAL FOREIGN BODY INTRANA	02	N	Referral Required
30400	RHINOPLASTY	04	Y	Referral Required
30410	RHINOPLASTY	05	Y	Referral Required
30420	RHINOPLASTY	05	Y	Referral Required
30430	RHINOPLASTY	03	Y	Referral Required
30435	RHINOPLASTY, SECONDARY INTER	05	Y	Referral Required
30450	RHINOPLASTY, MAJOR REVISION	07	Y	Referral Required
30460	RHINOPLASTY FOR NASAL DEFORM	07	Y	Referral Required
30462	TIP, SEPTUM, OSTEOTOMIES	09	Y	Referral Required
30465	REPAIR OF NASAL VESTIBULAR STENOSIS	09	Y	Referral Required
30520	SEPTOPLASTY	04	Y	Referral Required
30540	REPAIR, CHOANAL ATRESIA	05	N	Referral Required
30545	REPAIR, CHOANAL ATRESIA	05	N	Referral Required
30560	LYSIS, SYNECHIA, INTRANASAL	02	N	Referral Required
30580	REPAIR, FISTULA, OROMAXILLAR	04	N	Referral Required
30600	REPAIR, FISTULA, ORONASAL	04	N	Referral Required
30620	RECONSTRUCTION, INTERNAL NOS	07	N	Referral Required
30630	REPAIR NASAL SEPTAL PERFORAT	07	N	Referral Required
30801	CAUTERIZATION MUCOSA OF TURB	01	N	Referral Required
30802	CAUTERIZATION MUCOSA OF TURB	01	N	Referral Required
30903	CONTROL NASAL HEMORRHAGE ANTERIOR,	01	N	Referral Required
30905	NASAL HEMORRHAGE CONTROL	01	N	Referral Required
30906	NASAL HEMORHAGE CONTROL, SUBSEQUENT	01	N	Referral Required
30915	LIGATION, ETHMOIDAL ARTERIES	02	N	Referral Required
30920	LIGATION ARTERIES INTERNAL M	03	N	Referral Required
30930	FRACTURE NASAL TRUBINATES TH	04	N	Referral Required
31020	ANTROTOMY	02	N	Referral Required
31030	ANTROTOMY	03	N	Referral Required
31032	SINUSOTOMY RADICAL UNILAT W/	04	N	Referral Required
31050	SINUSOTOMY	02	N	Referral Required
31051	SINUSOTOMY,SPHENOID,BIOPSY;	04	N	Referral Required
31070	SINUSOTOMY	02	N	Referral Required
31075	SINUSOTOMY	04	N	Referral Required
31080	SINUSOTOMY	04	N	Referral Required
31081	SINUSOTOMY	04	N	Referral Required
31084	SINUSOTOMY	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
31085	SINUSOTOMY	04	N	Referral Required
31086	SINUSOTOMY;NONOBLITERATIVE,W	04	N	Referral Required
31087	SINUSOTOMY;NONOBLITERATIVE,W	04	N	Referral Required
31090	SINUSOTOMY	05	N	Referral Required
31200	ETHMOIDECTOMY	02	N	Referral Required
31201	ETHMOIDECTOMY	05	N	Referral Required
31205	ETHMOIDECTOMY	03	N	Referral Required
31233	NASAL/SINUS ENDOSCOPY,DIAGNO	02	N	Referral Required
31235	NASAL/SINUS ENDOSCOPY,DIAGNO	01	N	Referral Required
31237	NASAL/SINUS ENDOSCOPY W/BIOP	02	N	Referral Required
31238	WITH CONTROL OF EPISTAXIS	01	N	Referral Required
31239	WITH DACRYOCYSTORHINOSTOMY	04	N	Referral Required
31240	WITH CONCHA BULLOSA RESECTIO	02	N	Referral Required
31254	NASAL ENDOSCOPY W/ETHMOIDECT	03	N	Referral Required
31255	NASAL ENDOSCOPY & ETHMOIDECT	05	N	Referral Required
31256	NASAL ENDOSCOPY WITH MAXILLA	03	N	Referral Required
31267	MAXILLARY ENDOSCOPY SURG W/R	03	N	Referral Required
31276	NASAL/SINUS ENDOSCOPY W/FRON	03	N	Referral Required
31287	NASAL/SINUS ENDOSCOPY,SURGIC	03	N	Referral Required
31288	WITH REMOVAL OF TISSUE FROM	03	N	Referral Required
31300	LARYNGOTOMY	05	N	Referral Required
31320	LARYNGOTOMY	02	N	Referral Required
31400	ARYTENOIDECTOMY	02	N	Referral Required
31420	EPIGLOTTIDECTOMY	02	N	Referral Required
31510	LARYNGOSCOPY	02	N	Referral Required
31511	LARYNGOSCOPY, W/REMOVAL OF F	02	N	Referral Required
31512	LARYNGOSCOPY, W/REMOVAL OF L	02	N	Referral Required
31513	AMB SURG CTR -LARYNGOSCOPY I	02	N	Referral Required
31515	LARYNGOSCOPY	01	N	Referral Required
31520	LARYNGOSCOPY	01	N	Referral Required
31525	LARYNGOSCOPY	01	N	Referral Required
31526	LARYNGOSCOPY-DIAGNOSTIC W/OP	02	N	Referral Required
31527	AMB SURG CTR -LARYNGOSCOPY	01	N	Referral Required
31528	LARYNGOSCOPY, WITH DILATATIO	02	N	Referral Required
31529	LARYNGOSCOPY DIRECT, W/DILAT	02	N	Referral Required
31530	LARYNGOSCOPY	02	N	Referral Required
31531	LARYNGOSCOPY DIRECT;W/OPERAT	03	N	Referral Required
31535	LARYNGOSCOPY	02	N	Referral Required
31536	LARYNGOSCOPY DIRECT OPERATIV	03	N	Referral Required
31540	LARYNGOSCOPY	03	N	Referral Required
31541	LARYNGOSCOPY	04	N	Referral Required
31545	LARYNGOSCOPY, DIRECT, OPERATIVE	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
31546	LARYNGOSCOPY, DIRECT, OPERATIVE	04	N	Referral Required
31560	LARYNGOSCOPY	05	N	Referral Required
31561	LARYNGOSCOPY W/ARYTENOIDECTO	05	N	Referral Required
31570	LARYNGOSCOPY	02	N	Referral Required
31571	LARYNGOSCOPY W/INJECTION VOC	02	N	Referral Required
31576	LARYNGOSCOPY FLEXIBLE FIBERS	02	N	Referral Required
31577	LARYNGOSCOPY W/REMOVAL OF FO	02	N	Referral Required
31578	LARYNGOSCOPY, WITH REMOVALL	02	N	Referral Required
31580	LARYNGOPLASTY-2 STAGE, W/KEE	05	N	Referral Required
31582	LARYNGOPLASTY-FOR STENOSIS,	05	N	Referral Required
31588	LARYNGOPLASTY, NOT OTHERWISE	05	N	Referral Required
31590	LARYNGEAL REINNERVATION NEUR	05	N	Referral Required
31595	SECTION RECURRENT LARYNGEAL	02	N	Referral Required
31603	TRACHEOSTOMY, EMERGENCY PROC	01	N	Referral Required
31611	CONSTR. OF T-E FISTULA&SUBSE	03	N	Referral Required
31612	TRACHEAL PUNCTURE	01	N	Referral Required
31613	TRACHEOSTROMA REV SIMPLE W/O	02	N	Referral Required
31614	TRACHEOSTOMA REVISION;COMPLE	02	N	Referral Required
31615	TRACHEOBRONCHOSCOPY	01	N	Referral Required
31620	ENDOBRONCHIAL UNTRASOUND (EBUS)	01	N	Referral Required
31622	BRONCHOSCOPY,DIAGNOSTIC W/WO	01	N	Referral Required
31623	BRONCHOSCOPY W/ BRUSHING OR PROTEC	02	N	Referral Required
31624	BRONCHOSCOPY W/BRONCHIAL LAVAGE	02	N	Referral Required
31625	BRONCHOSCOPY	02	N	Referral Required
31628	BRONCHOSCOPY WITH TRANSBRONC	02	N	Referral Required
31629	BRONCHOSCOPY,DIAGNOSTIC W/TR	02	N	Referral Required
31630	BRONCHOSCOPY W TRANCHEAL	02	N	Referral Required
31631	BRONCHOSCOPY W/PLACEMENT	02	N	Referral Required
31632	BRONCHOSCOPY, RIGID OR FLEXIBLE W/	02	N	Referral Required
31633	BRONCHOSCOPY, RIGID OR FLEXIBLE W/	02	N	Referral Required
31635	BRONCHOSCOPY	02	N	Referral Required
31636	BRONCHOSCOPY, RIGID OR FLEXIBLE	02	N	Referral Required
31637	BRONCHOSCOPY, RIGID OR FLEXIBLE	01	N	Referral Required
31638	BRONCHOSCOPY, RIGID OR FLEXIBLE	02	N	Referral Required
31640	BRONCHOSCOPY	02	N	Referral Required
31641	W/DESTRUCTION TUMOR OR RELIE	02	N	Referral Required
31643	BRONCHOSCOPY W/CATHETER PLACEMENT	02	N	Referral Required
31645	BRONCHOSCOPY	01	N	Referral Required
31646	BRONCHOSCOPY W/THERAPEUTIC ASPIRATI	01	N	Referral Required
31656	BRONCHOSCOPY WITH INJECTION	01	N	Referral Required
31717	BRONCHIAL BRUSH BIOPSY	01	N	Referral Required
31720	ASPIRATION, NASOTRACHEOBRONCHIAL	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
31730	TRANSTRACHEAL INTRODUCTION N	01	N	Referral Required
31750	TRACHEOPLASTY	05	N	Referral Required
31755	TRACHEOPHARYNGEAL FISTULIZAT	02	N	Referral Required
31820	SURG CLOSE TRACHEOSTOMY/FIST	01	N	Referral Required
31825	TRACHEOSTOMY CLOSURE	02	N	Referral Required
31830	REVISION, TRACHEOSTOMY SCAR	02	N	Referral Required
32400	BIOPSY, PLEURA, NEEDLE	01	N	Referral Required
32405	BIOPSY, LUNG/PLEURA	01	N	Referral Required
32420	PNEUMONOCENTESIS, PUNCTURE O	01	N	Referral Required
32553	PLACEMENT OF INTERSTITIAL DEVICE(S	01	N	Referral Required
32998	ABLATION THERAPY FOR REDUCTION/ERA	01	N	Referral Required
33010	PERICARDIOCENTESIS	02	N	Referral Required
33011	PERICARDIOCENTESIS	02	N	Referral Required
33212	INSERTION, PULSE GENERATOR	03	N	Referral Required
33213	DUAL CHAMBER	03	N	Referral Required
33215	REPOSITIONING OF PACEMAKER	06	N	Referral Required
33222	REVISION OR RELOCATION OF SK	02	N	Referral Required
33223	REVISION OR RELOCATION OF SK	02	N	Referral Required
33224	INSERTION OF PACING ELECTRODE	08	N	Referral Required
33225	INSERTION OF PACING ELECTRODE	08	N	Referral Required
33226	REPOSITIONING OF CARDIAC ELECTRODE	06	N	Referral Required
33233	REMOVAL OF PERMANENT PACEMAK	02	N	Referral Required
33508	ENDOSCOPY FOR CORONARY BYPASS	06	N	Referral Required
33981	REPLAC OF EXTRACORPOREAL VENTRICUL	01	Y	Referral Required
33982	REPLACEMENT OF VENTRICULAR PUMP(S)	01	Y	Referral Required
33983	IMPLANTABLE INTRACORPOREAL, SINGLE	01	Y	Referral Required
35188	REPAIR ACQUIRED TRAMATIC FIS	04	N	Referral Required
35206	REPAIR BLOOD VESSEL, DIRECT,	02	N	Referral Required
35207	REPAIR BLOOD VESSEL HAND	04	N	Referral Required
35236	REPAIR BLOOD VESSEL W/VEIN G	04	N	Referral Required
35860	EXPLORATION FOR POSTOP HEMOR	01	N	Referral Required
35875	THROMBECTOMY AND/OR REPAIR A	09	N	Referral Required
35876	WITH REVISION OF ARTERIAL OR	09	N	Referral Required
36148	ADDITIONAL ACCESS FOR THERAPEUTIC	01	N	Referral Required
36260	INSERTION IMPLANTABLE INTRAVENOUS I	03	N	Referral Required
36261	REVISION IMPLANTED INTRA-ARTERIAL I	02	N	Referral Required
36262	REMOVAL IMPLANTED INTRA-ARTERIAL IN	01	N	Referral Required
36475	ENDOVENOUS ABLATION THERAPY OF VEI	03	Y	Referral Required
36476	ENDOVENOUS ABLATION THERAPY OF VEI	03	Y	Referral Required
36478	ENDOVENOUS ABLATION THERAPY OF VEI	03	Y	Referral Required
36479	ENDOVENOUS ABLATION THERAPY OF	03	Y	Referral Required
36555	INSERTION OF CENTRAL VENOUS CATH	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
36556	INSERTION OF CENTRLY INSRTD CATH	01	N	Referral Required
36557	INSRTN OF TUNLD CNTRL CATH	03	N	Referral Required
36558	INSERTION OF CENTRLY INSRTD CATH	02	N	Referral Required
36560	INSRTN OF TUNLD CNTRL CATH	03	N	Referral Required
36561	INSRTN OF CNTRL VENUS CATH	03	N	Referral Required
36563	INSRTION OF TUNLED CNTRLY LOC CATH	03	N	Referral Required
36565	INSRTN OF CNTRL VENUS CATH	03	N	Referral Required
36566	INSERTION OF VENUS CATHINSRTN OF T	03	N	Referral Required
36568	INSRTN OF PERIPHERAL CATH	01	N	Referral Required
36569	INSERTION OF PICC W/O PORT OR PUMP	01	N	Referral Required
36570	INSERTION OF PICC	03	N	Referral Required
36571	INSERTION OF PICC W SUBCU PORT	03	N	Referral Required
36575	REPAIR OF TUNLD OR NON-TUNLD CATH	02	N	Referral Required
36576	REPAIR OF CNTRL VNUS CATH	02	N	Referral Required
36578	REPLCMNT CATH ONLY	02	N	Referral Required
36580	RPLCMNT COMPLT, NON-TNLD CATH	01	N	Referral Required
36581	RPLCMNT COMP, TUNLD CATH	02	N	Referral Required
36582	RPLCMNT COMP TUNLD CATH	03	N	Referral Required
36583	RPLCMNT OF TUNLD CATH	03	N	Referral Required
36584	RPLCMNT COMP PERI CATH	01	N	Referral Required
36585	RPLCMNT COMP PICC	03	N	Referral Required
36589	REMOVAL OF TUNLD CNTRL CATH	01	N	Referral Required
36590	REMOVAL OF TUNLD CNTRL CATH	01	N	Referral Required
36640	ARTERIAL CATHETERIZATION PRO	01	N	Referral Required
36800	INSERT CANNULA FOR HEMODIALY	03	N	Referral Required
36810	ARTERIOVENOUS CANNULIZATION	03	N	Referral Required
36815	ARTERIOVENOUS EXTERNAL REVIS	03	N	Referral Required
36818	ARTERIOVENOUS ANASTOMOSIS, OPEN	03	N	Referral Required
36819	ARTERIOVENOUS ANASTOMOSIS, OPEN	03	N	Referral Required
36820	ANASTOMOSIS, FOREARM VEIN TRANSPOS.	03	N	Referral Required
36821	ARTERIOVENOUS ANASTOMOSIS	03	N	Referral Required
36825	ARTERIOVENOUS FISTULA	04	N	Referral Required
36830	ARTERIOVENOUS FISTULA	04	N	Referral Required
36831	THROMBECTOMY ARTERIOVENOUS FISTULA	09	N	Referral Required
36832	REVISION OF ART FISTULA WITH	04	N	Referral Required
36833	REVISION ARTHERIOVENOUS FISTULA	04	N	Referral Required
36835	THOMAS SHUNT	04	N	Referral Required
36860	CANNULA DECLOTTING WO/BALLOO	02	N	Referral Required
36861	CANNULA DECLOTTING W/BALLOON	03	N	Referral Required
36870	THROMBECTOMY	09	N	Referral Required
37203	TRANSCATHETER RETRIEVAL INTR	02	N	Referral Required
37500	VASCULAR ENDOSCOPY	08	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
37607	LIGATION OR BANDING OF ANGIO	03	N	Referral Required
37609	LIGATION OR BIOPSY TEMPORAL	02	N	Referral Required
37650	INTERRUPTION PART/COMP OF FE	02	N	Referral Required
37700	LIGATION & DIVISION, VEINS	02	Y	Referral Required
37718	LIGATION, DIVISION, AND STRIPPING,	02	Y	Referral Required
37722	LIGATION, DIVIDE/STRIP SAPHENOUS V	02	Y	Referral Required
37735	UNILATERAL LIGATION DIVISION	03	Y	Referral Required
37760	STRIPPING, SUBFASCIAL, RADIC	03	Y	Referral Required
37761	LIGATION OF PERFORATOR VEIN(S), SU	03	N	Referral Required
37780	LIGATION & DIVISION, VEINS	03	Y	Referral Required
37785	VARICOSE VEINS, LIGTN & EXCS	03	Y	Referral Required
37790	PENILE VENOUS OCCLUSIVE PROC	03	N	Referral Required
38205	BLOOD DERIVED HEMOTOPOIETIC CELL	05	N	Referral Required
38206	BLOOD-DERIVED HEMATOPOIETIC CELL	05	N	Referral Required
38300	DRAINAGE, LYMPHADENITIS	01	N	Referral Required
38305	DRAINAGE LYMPHADENITIS EXTEN	02	N	Referral Required
38308	LYMPHANGIOTOMY OR OTHER OPER	02	N	Referral Required
38500	BIOPSY, LYMPH NODE	02	N	Referral Required
38505	BX OR EXC LYMPH NODE BY NEED	01	N	Referral Required
38510	BIOPSY, LYMPH NODE	02	N	Referral Required
38520	BIOPSY, LYMPH NODE	02	N	Referral Required
38525	DEEP AXILLARY NODE	02	N	Referral Required
38530	BIOPSY, LYMPH NODE	02	N	Referral Required
38542	DISSECTION DEEP JUGULAR NODE	02	N	Referral Required
38550	EXCISION, CYSTIC HYGROMA	03	N	Referral Required
38555	EXCISION, CYSTIC HYGROMA	04	N	Referral Required
38570	LAPAROSCOPY RETROPERITONEAL	09	N	Referral Required
38571	LAPAROSCOPY PELVIC LYPMHADENECTOMY	09	N	Referral Required
38572	LAPAROSCOPY PELVIC LYMPHADENECTOMY	09	N	Referral Required
38740	AXILLARY LYMPHADENECTOMY, SU	02	N	Referral Required
38745	LYMPHADENECTOMY	04	N	Referral Required
38760	LYMPHADENECTOMY	02	N	Referral Required
40500	VERMILIONECTOMY	02	N	Referral Required
40510	RESECTION, LIP	02	N	Referral Required
40520	EXCISION, LIP	02	N	Referral Required
40525	LIP FULL-THICKNESS RECONSTRU	02	N	Referral Required
40527	LIP-FULL THICKNESS RECONSTRU	02	N	Referral Required
40530	RESECTION, LIP	02	N	Referral Required
40650	LIP REPAIR-FULL THICKNESS VE	03	N	Referral Required
40652	REPAIR LIP UP TO HALF VERTIC	03	N	Referral Required
40654	REPAIR LIP OVER 1/2 VERTICAL	03	N	Referral Required
40700	PLASTIC REPAIR, LIP	07	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
40701	PLASTIC REPAIR, LIP	07	N	Referral Required
40720	PLASTIC REPAIR, LIP	07	N	Referral Required
40761	PLASTIC REPAIR CLEFT LIP-W/C	03	N	Referral Required
40801	DRAIN ABSCESS,CYST,HEMATOMA	02	N	Referral Required
40814	EXCISION LESION MUCOSA-SUBMU	02	N	Referral Required
40816	COMPLEX,WITH EXCISION OF UND	02	N	Referral Required
40818	EXCISION MUCOSA OF VESTIBULE	01	N	Referral Required
40819	EXCISION OF FRENUM, LABIAL O	01	N	Referral Required
40831	CLOSURE LACERATION MOUTH OVE	01	N	Referral Required
40840	VESTIBULOPLASTY; ANTERIOR	02	N	Referral Required
40842	VESTIBULOPLASTY, POSTERIOR,	03	N	Referral Required
40843	VESTIBULOPLASTY, POSTERIOR B	03	N	Referral Required
40844	VESTIBULOPLASTY, ENTIRE ARCH	05	N	Referral Required
40845	VESTIBULOPLASTY, COMPLEX (IN	05	N	Referral Required
41005	DRAINAGE, ABSCESS, SUBLINGUA	01	N	Referral Required
41006	INTRAORAL INCISION SUBLINGUA	01	N	Referral Required
41007	INTRAORAL I&D ABSCESS,CYST/H	01	N	Referral Required
41008	DRAIN ABCESS, CYST, HEMATOMA	01	N	Referral Required
41009	INTRAORAL INCISION DRAIN ABS	01	N	Referral Required
41010	INCISION, LINGUAL FRENUM	01	N	Referral Required
41015	EX RAORAL INCISION & DRAINAG	01	N	Referral Required
41016	EXTRORAL I&D ABSCESS,CYST/HE	01	N	Referral Required
41017	EXTRAORAL INCISSION AND DRAI	01	N	Referral Required
41018	EXTRAORAL I & D OF ABSCESS E	01	N	Referral Required
41112	EXCISION, LESION, TONGUE	02	N	Referral Required
41113	EXCISION LESION TONGUE W/CLO	02	N	Referral Required
41114	EXCISION LESSION TONGUE W/LO	02	N	Referral Required
41116	EXCISION LESION FLOOR OF MOU	01	N	Referral Required
41120	GLOSSECTOMY	05	N	Referral Required
41250	REPAIR, LACERATION, TONGUE	02	N	Referral Required
41251	REPAIR, LACERATION, TONGUE	02	N	Referral Required
41252	REPAIR LACERATION TONGUE OVE	02	N	Referral Required
41500	FIXATION, TONGUE	01	N	Referral Required
41510	SUTURE, TONGUE TO LIP	01	N	Referral Required
41520	FRENOPLASTY	02	N	Referral Required
41800	DRNGE, CYST, DENTO ALVEOLAR	01	N	Referral Required
41827	EXCISION LESION/TUMOR,DENTOA	02	N	Referral Required
41899	UNLISTED PROC, DENTOALVEOLAR	05	N	
42000	DRAINAGE, ABSCESS, PALATE	02	N	Referral Required
42107	EXCISION LESION OF PALATE, U	02	N	Referral Required
42120	RESECTION, PALATE	04	N	Referral Required
42140	EXCISION, UVULA	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
42145	PALATOPHARVNGOPLASTY	05	N	Referral Required
42180	REPAIR, LACERATION, PALATE	01	N	Referral Required
42182	REPAIR, LACERATION, PALATE	02	N	Referral Required
42200	CLEFT PALATE REPAIR	05	N	Referral Required
42205	CLEFT PALATE REPAIR	05	N	Referral Required
42210	CLEFT PALATE REPAIR	05	N	Referral Required
42215	CLEFT PALATE REPAIR	07	N	Referral Required
42220	CLEFT PALATE REPAIR	05	N	Referral Required
42226	LENGTHENING OF PALATE & PHAR	05	N	Referral Required
42235	REPAIR, PALATE, ANTERIOR	05	N	Referral Required
42260	REPAIR, FISTULA, NASOLABIAL	04	N	Referral Required
42280	MAXILLARY IMPRESSION FOR PAL	01	N	Referral Required
42300	DRAINAGE, ABSCESS, PAROTID	01	N	Referral Required
42305	DRAINAGE ABCESS PAROTID COMP	02	N	Referral Required
42310	DRNG, ABSCESS, SUBMAXILLARY	01	N	Referral Required
42320	DRNG, ABSCESS, SUBMAXILLARY	01	N	Referral Required
42340	SIALOLITHOTOMY	02	N	Referral Required
42405	BIOPSY, SALIVARY GLAND	02	N	Referral Required
42408	EXCISION SUBLINGUAL SALIVARY	03	N	Referral Required
42409	MARSUPIALIZATION SUBLINGIAL	03	N	Referral Required
42410	EXCISION, PAROTID GLAND	03	N	Referral Required
42415	EXCISION, PAROTID GLAND	03	N	Referral Required
42420	EXCISION, PAROTID GLAND	07	N	Referral Required
42425	EXCISION, PAROTID GLAND	07	N	Referral Required
42440	EXCISION, SUBMANDIBULAR GLAN	03	N	Referral Required
42450	EXCISION, SUBLINGUAL GLAND	02	N	Referral Required
42500	SIALODOCHOPLASTY	03	N	Referral Required
42505	SIALODOCHOPLASTY SECOUNDARY	04	N	Referral Required
42507	PAROTID DUCT DIVERSION BILAT	03	N	Referral Required
42508	PAROTID DUCT DIVERSION W/EXC	04	N	Referral Required
42509	PAROTID DUCT DIVERSION W/EXC	04	N	Referral Required
42510	PAROTID DUCT DIVERSION W/LIG	04	N	Referral Required
42600	CLOSURE, FISTULA, SALIVARY	01	N	Referral Required
42665	LIGATION, SALIVARY DUCT	07	N	Referral Required
42700	INCISION & DRAINAGE ABSCESS;	01	N	Referral Required
42720	INCISION DRAIN ABSCESS, RETR	01	N	Referral Required
42725	INCISION DRAIN ABSCESS, RETR	02	N	Referral Required
42802	BIOPSY, PHARYNX	01	N	Referral Required
42804	BIOPSY, PHARYNX	01	N	Referral Required
42806	BIOPSY; NASOPHARYNX SURVEEY	02	N	Referral Required
42808	EXCISION OF LESION OF PHARNY	02	N	Referral Required
42810	EXCISION, BRACHIAL CLEFT CYS	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
42815	EXCISION, BRACHIAL CLEFT CYS	05	N	Referral Required
42820	TONSILLECTOMY AND ADENOIDECTOMY	03	N	Referral Required
42821	TONSILLECTOMY & ADENOIDECTOMY	05	N	Referral Required
42825	TONSILLECTOMY PRI OR SEC UND	04	N	Referral Required
42826	TONSILLECTOMY PRIMARY AND SE	04	N	Referral Required
42830	ADENOIDECTOMY, PRIMARY UNDER	04	N	Referral Required
42831	ADENOIDECTOMY, PRIMARY, AGE	04	N	Referral Required
42835	ADENOIDECTOMY	04	N	Referral Required
42836	ADENOIDECTOMY, SECONDARY, AG	04	N	Referral Required
42860	EXCISION, TONSIL TAGS	03	N	Referral Required
42870	EXCISION, LINGUAL TONSIL	03	N	Referral Required
42890	LIMITED PHARYNGECTOMY	07	N	Referral Required
42892	RESECTION LATERAL PHARYNGEAL	07	N	Referral Required
42900	SUTURE, PHARYNX	01	N	Referral Required
42950	PHARYNGOPLASTY	02	N	Referral Required
42955	PHARYNGOSTOMY	02	N	Referral Required
42960	CNTRL OROPHARYNGEAL HEMORRHA	01	N	Referral Required
42962	CONTROL OROPHARYNGEAL HEMORR	02	N	Referral Required
42972	CONTROL NASOPHARYNGEAL HEMOR	03	N	Referral Required
43200	ESOPHAGOSCOPY	01	N	Referral Required
43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE;	01	N	Referral Required
43202	ESOPHAGOSCOPY	01	N	Referral Required
43204	ESOPHAGOSCOPY, RIGID OR FIBE	01	N	Referral Required
43205	WITH BAND LIGATION OF ESOPHA	01	N	Referral Required
43215	ESOPHAGOSCOPY	01	N	Referral Required
43216	W/REMOVAL TUMORS,POLYPS,OR O	01	N	Referral Required
43217	ESOPHAGOSCOPY FOR REMOVAL OF	01	N	Referral Required
43219	ESPOHAGOSCOPY FOR INSSERTION	01	N	Referral Required
43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE	01	N	Referral Required
43226	ESOPHAGOSCOPY FOR INSERTION	01	N	Referral Required
43227	ESOPHAGOSCOPY FOR CONTROL OF	02	N	Referral Required
43228	FOR ABLATION OF TUMORS, POLY	02	N	Referral Required
43231	ESOPHAGOSCOPY	02	N	Referral Required
43232	ESOPHAGOSCOPY	02	N	Referral Required
43234	UPPER GI ENDOSCOPY SIMPLE PR	01	N	Referral Required
43235	ESOPHAGOGASTRODUODENOSCOPY	01	N	Referral Required
43236	UPPER GI ENDOSCOPY INC ESOPHAGUS,	02	N	Referral Required
43237	WITH ENDOSCOPIC ULTRASOUND EXAM	02	N	Referral Required
43238	WITH TRANSENDOSCOPIC ULTRASOUND	02	N	Referral Required
43239	ESOPHAGOGASTROSCOPY	02	N	Referral Required
43240	UPPER GI ENDOSCOPY	02	N	Referral Required
43241	UPPER GASTROINTESTINAL ENDOS	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
43242	UPPER GI ENDOSCOPY	02	N	Referral Required
43243	UPPER GASTROINTESTINAL ENDOS	02	N	Referral Required
43244	UPPER GASTRO ENDOSCOPY W/BAN	02	N	Referral Required
43245	UPPER GI ENDOSCOPY FOR DIL G	02	N	Referral Required
43246	UPPER GL ENDOSCOPY FOR PLACE	02	N	Referral Required
43247	ESOPHAGOGASTRODUODENOSCOPY	02	N	Referral Required
43248	W/INSERT OF GUIDE WIRE FOLLO	02	N	Referral Required
43249	GASTROINTESTINAL ENDOSCOPY W	02	N	Referral Required
43250	W/REMOVAL OF TUMORS,POLYPS,O	02	N	Referral Required
43251	REMOVAL POLYPOID LESION	02	N	Referral Required
43255	UPPER GASTROINTESTINAL ENDOS	02	N	Referral Required
43256	UPPER GI ENDOSCOPY W/STENT PLCMNT	03	N	Referral Required
43257	UPPER GASTROINTESTINAL ENDOSCOPY	03	N	Referral Required
43258	UPPER GASTRO ENDOSCOPY W/FUL	03	N	Referral Required
43259	W/ ENDOSCOPIC ULTRASOUND EXA	03	N	Referral Required
43260	ENDSCPIC RTRGRD CHOLANGIOPAN	02	N	Referral Required
43261	WITH BIOPSY, SINGLE OR MULTI	02	N	Referral Required
43262	ENDOSCOPIC RETROGRADE CHOLAN	02	N	Referral Required
43263	ERCP FOR PRESSURE MESURE OF	02	N	Referral Required
43264	UPPER GASTRO ENDOSCOPY INCL	02	N	Referral Required
43265	ERCP FOR DESTRUCT LITHOTRIPS	02	N	Referral Required
43267	ERCP FOR INSERTION OF NASOBI	02	N	Referral Required
43268	ENDOSCOPIC RETROGRADE CHOLAN	02	N	Referral Required
43269	ERCP, FOR REMOVAL OR CHANGE	02	N	Referral Required
43271	ERCP FOR BALLOON DILATION OF	02	N	Referral Required
43272	ERCP FOR ABLATION OF TUMOR/M	02	N	Referral Required
43273	ENDO ANNULTN OF PAPILLA W/DIRECT V	02	N	Referral Required
43281	LAPAROSCOPY, SURGICAL, REPAIR OF P	04	N	Referral Required
43282	WITH IMPLANTATION OF MESH	04	N	Referral Required
43450	DILATION, ESOPHAGUS	01	N	Referral Required
43453	DILATION OF ESOPHAGUS OVER G	01	N	Referral Required
43456	DILATION ESOPHAGUS BY BALLOO	02	N	Referral Required
43458	DILATION ESOPHAGUS W/BALLOON	02	N	Referral Required
43600	GASTRIC BIOPSY	01	N	Referral Required
43653	LAPAROSCOPY GASTROSTOMY	09	N	Referral Required
43760	CHANGE OF GASTROSTOMY TUBE;	01	N	Referral Required
43775	LONGITUDINAL GASTRECTOMY (IE, SLEE	04	Y	Referral Required
43870	GASTROSTOMY CLOSURE	01	N	Referral Required
44100	BIOPSY, INTESTINES	01	N	Referral Required
44312	ILEOSTOMY	01	N	Referral Required
44340	COLOSTOMY	03	N	Referral Required
44360	SM INTESTINAL ENDOSCOPY, BY	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
44361	SM. INTESTINAL ENDOSCOPY W/O	02	N	Referral Required
44363	S INTESTINAL ENDOSCOPY W/FB	02	N	Referral Required
44364	W/REMOVAL OF TUMORS,POLYPS,O	02	N	Referral Required
44365	W/REMOVAL TUMORS,POLYPS,OR O	02	N	Referral Required
44366	WITH CONTROL OF BLEEDING, AN	02	N	Referral Required
44369	W/ABLATION OF TUMORS,POLYPS,	02	N	Referral Required
44370	SMALL INTESTINAL ENDOSCOPY	09	N	Referral Required
44372	W/PLACEMENT PERCUTANEOUS JEJ	02	N	Referral Required
44373	W/CONVERSION PERCUTANEOUS GA	02	N	Referral Required
44376	SM INTESTINAL ENDOSCOPY, ENT	02	N	Referral Required
44377	WITH BIOPSY, SINGLE OR MULTI	02	N	Referral Required
44378	WITH CONTROL OF BLEEDING, AN	02	N	Referral Required
44379	SMALL INTESTINAL ENDOSCOPY	09	N	Referral Required
44380	ILEOSCOPY,THRU STOMA;DIAGNOS	01	N	Referral Required
44382	FIBEROPTJC ILEOSCOPY W/BIOPS	01	N	Referral Required
44383	ILEOSCOPY W/STENT	09	N	Referral Required
44385	ENDOSCOPE EVALUATION OF SMAL	01	N	Referral Required
44386	WITH BIOPSY, SINGLE OR MULTI	01	N	Referral Required
44388	COLONOSCOPY THRU STOMA;DIAGN	01	N	Referral Required
44389	WITH BIOPSY, SINGLE OR MULTI	01	N	Referral Required
44390	WITH REMOVAL OF FOREIGN BODY	01	N	Referral Required
44391	WITH CONTROL OF BLEEDING ANY	01	N	Referral Required
44392	W/REMOVAL OF FOREIGN BODY	01	N	Referral Required
44393	W/ABLATION OF TUMORS,POLYPS,	01	N	Referral Required
44394	COLONOSCOPY THROUGH STOMA; B	01	N	Referral Required
44397	COLONOSCOPY	01	N	Referral Required
45000	DRAINAGE, ABSCESS, PELVIC	01	N	Referral Required
45005	INCISION & DRAINAGE OF SUBMU	02	N	Referral Required
45020	DRAINAGE, ABSCESS, PELVIRECT	02	N	Referral Required
45100	BIOPSY, ANO-RECTAL WALL	01	N	Referral Required
45108	MYOMECTOMY, ANORECTAL	02	N	Referral Required
45150	DIVISION, STRICTURE, RECTUM	02	N	Referral Required
45160	EXCISION RECTAL TUMOR BY PRO	02	N	Referral Required
45171	EXCISION OF RECTAL TUMOR, TRANSANA	09	N	Referral Required
45172	INCLUDING MUSCULARIS (IE, FULL THI	09	N	Referral Required
45190	DESTRUCTION RECTAL TUMOR, TR	09	N	Referral Required
45305	PROSCTOSIGMOIDOSCOPY WITH BI	01	N	Referral Required
45307	PROCTOSIGMOIDOSCOPY	01	N	Referral Required
45308	W/REMOVAL OF SINGLE TUMOR,PO	01	N	Referral Required
45309	W/REMOVAL OF SINGLE TUMOR,PO	01	N	Referral Required
45315	PROCTOSIGMOIDOSCOPY-REMOVE M	01	N	Referral Required
45317	PROCTOSIGMOIDOSCOPY	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
45320	PROCTOSIGMOIDOSCOPY W/ABLATI	01	N	Referral Required
45321	PORSTOSIGMOIDOSCOPY FOR DECO	01	N	Referral Required
45327	PROCTOSIGMOIDOSCOPY	01	N	Referral Required
45331	SIGMOIDOSCOPY, FLEX FIBEROPT	01	N	Referral Required
45332	SIGMOIDOSCOPY, FLEXIBLE FIBE	01	N	Referral Required
45333	SIGMOIDOSCOPY, FLEX FIBEROPT	01	N	Referral Required
45334	WITH CONTROL OF BLEEDING, AN	01	N	Referral Required
45335	SIGMOIDOSCOPY, FLEXIBLE; W/DIRECTED	01	N	Referral Required
45337	WITH DECOMPRESSION OF VOLVUL	01	N	Referral Required
45338	W/REMOVAL OF TUMORS,POLYPS,	01	N	Referral Required
45339	W/ABLATION OF TUMORS,POLYPS,	01	N	Referral Required
45340	SIGMOIDOSCOPY, FLEXIBLE; W/DILATION	01	N	Referral Required
45341	SIGMOIDOSCOPY	01	N	Referral Required
45342	SIGMOIDOSCOPY W/ULTRASOUND	01	N	Referral Required
45345	SIGMOIDOSCOPY	01	N	Referral Required
45355	COLONOSCOPY,RIGID OR FLEXIBL	01	N	Referral Required
45378	COLONOSCOPY	02	N	Referral Required
45379	COLONOSCOPY DIAGNOSTIC W/REM	02	N	Referral Required
45380	COLONOSCOPY	02	N	Referral Required
45381	COLONOSCOPY, FLEXIBLE; PROXIMAL TO	02	N	Referral Required
45382	COLONSCOPY W/CONTROL OF HEMO	02	N	Referral Required
45383	W/ABLATION OF TUMORS,POLYPS,	02	N	Referral Required
45384	COLONOSCOPY WITH REMOVAL OF	02	N	Referral Required
45385	COLONSCOPY W/REMVL OF TUMOR,	02	N	Referral Required
45386	COLONOSCOPY, FLEXIBLE, PROXIMAL	02	N	Referral Required
45387	COLONOSCOPY W/STENT	02	N	Referral Required
45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO	02	N	Referral Required
45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO	02	N	Referral Required
45500	PROCTOPLASTY	02	N	Referral Required
45505	PROCTOPLASTY	02	N	Referral Required
45560	REPAIR OF RECTOCELE (SEPARAT	02	N	Referral Required
45900	REDUCTION, PROCIDENTIA	01	N	Referral Required
45905	DILATION OF ANAL SPHINCTER U	01	N	Referral Required
45910	DILATION OF RECTAL STRICTURE	01	N	Referral Required
45915	REMOVAL OF FECAL IMPACTION O	01	N	Referral Required
46020	PLACEMENT OF SETON	03	N	Referral Required
46030	REMOVAL, SETON	01	N	Referral Required
46040	DRAINAGE, ABSCESS, PERIRECTA	03	N	Referral Required
46045	DRAINAGE, ABSCESS, TRANSANAL	02	N	Referral Required
46050	DRAINAGE, ABSCESS, PERIANAL	01	N	Referral Required
46060	DRAINAGE, ABSCESS, INTRAMURA	02	N	Referral Required
46080	SPHINCTEROTOMY	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
46200	FISSURECTOMY	02	N	Referral Required
46220	PAPILLECTOMY	01	N	Referral Required
46230	EXCISION, HEMORRHOID TAGS	01	N	Referral Required
46250	HEMORRHOIDECTOMY	03	N	Referral Required
46255	HEMORRHOIDECTOMY	03	N	Referral Required
46257	HEMORRHOIDECTOMY W/FISSURECT	03	N	Referral Required
46258	HEMORRHOIDECTOMY W/FISTULECT	03	N	Referral Required
46260	HEMORRHOIDECTOMY	03	N	Referral Required
46261	HEMORRHOIDECTOMY INTERNAL/EX	04	N	Referral Required
46262	HEMORRHOIDECTOMY COMPLEX W/F	04	N	Referral Required
46270	FISTULECTOMY	03	N	Referral Required
46275	FISTULECTOMY	03	N	Referral Required
46280	FISTULECTOMY	04	N	Referral Required
46285	FISTULECTOMY	01	N	Referral Required
46288	CLOSURE ANAL FISTULA W/ADVAN	04	N	Referral Required
46608	ANOSCOPY FOR REMOVAL OF FB	01	N	Referral Required
46610	ANOSCOPU FOR REMOVAL OF POLY	01	N	Referral Required
46611	W/REMOVAL OF SINGLE TUMOR,PO	01	N	Referral Required
46612	ANOSCOPY FOR MULTI POLYP REM	01	N	Referral Required
46615	W/ABLATION OF TUMORS,POLYPS,	02	N	Referral Required
46700	ANOPLASTY	03	N	Referral Required
46706	REPAIR OF ANAL FISTULA W/ FIBRIN	01	N	Referral Required
46707	REPAIR OF ANORECTAL FISTULA W/PLUG	03	N	Referral Required
46750	SPHINCTEROPLASTY	03	N	Referral Required
46753	GRAFT FOR RECTAL INCONTINENC	03	N	Referral Required
46754	REMOVAL THIERSCH WIRE OR SUT	02	N	Referral Required
46760	SPHINCTEROPLASTY	02	N	Referral Required
46761	LEVATOR MUSCLE IMBRICATION	03	N	Referral Required
46762	IMPLANTATION ARTIFICIAL SPHI	07	N	Referral Required
46917	DESTRUCTION OF LESIONS ANUS	01	N	Referral Required
46922	DESTRUCTION OF LESION, SURGI	01	N	Referral Required
46924	DESTRUCTION LESION,ANUS, EXT	01	N	Referral Required
46930	DESTRV OF INTNL HEMORRHOID BY THRM	01	N	Referral Required
46945	LIGATION OF INTERNAL HEMORRH	01	N	Referral Required
46947	HEMORRHOIDOPEXY BY STAPLING	02	N	Referral Required
47000	BIOPSY, LIVER	01	N	Referral Required
47510	INTRO OF PERCUTANEOUS TRANSH	02	N	Referral Required
47511	INTRO TRANSHEPATIC STENT INT	09	N	Referral Required
47525	CHANGE OF PERCUTANEOUS BILIA	01	N	Referral Required
47530	REVISION AND/OR REINSERTION	01	N	Referral Required
47552	BILIARY ENDOSCOPY PERCUTANEO	02	N	Referral Required
47553	BILIARY ENDOSCOPY FOR BIOPSY	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
47554	ENDOSCOPY W/REMOVAL OF STONE	03	N	Referral Required
47555	BILIARY ENDOSCOPY FOR DILATI	03	N	Referral Required
47556	BILIARY ENDOSCOPY,DILATIOBIL	09	N	Referral Required
47560	LAPAROSCOPY CHOLANGIOGRAPHY	03	N	Referral Required
47561	LAPAROSCOPY CHOLANGIOGRAPHY	03	N	Referral Required
47562	LAPAROSCOPY CHOLECYSTECTOMY	05	N	Referral Required
47563	LAPAROSCOPY CHOLECSTECTOMY	03	N	Referral Required
47630	STONE EXTRACTION, BILIARY DU	03	N	Referral Required
48102	BIOPSY OF PANCREAS	01	N	Referral Required
49080	PERITONEOCENTESIS	02	N	Referral Required
49081	PERITONEOCENTESIS	02	N	Referral Required
49180	BIOPSY, ABDOMINAL/RETROPERIT	01	N	Referral Required
49250	UMBILECTOMY, OMPHALECTOMY, E	04	N	Referral Required
49320	LAPAROSCOPY/PERITONEOSCOPY	03	N	Referral Required
49321	LAPAROSCOPY/PERITONEOSCOPY	04	N	Referral Required
49322	LAPAROSCOPY/PERITONEOSCOPY	04	N	Referral Required
49411	PLACEMENT OF INTERSTITIAL DEVICE F	02	N	Referral Required
49419	INSERTION INTRAPERITONEAL CANNULA/	01	N	Referral Required
49420	INTRAPERITONEAL CANNULA	01	N	Referral Required
49421	INSERT INTRAPERITONEAL CANNU	01	N	Referral Required
49422	REMOVE PERMANENT INTRAPERITO	01	N	Referral Required
49426	REVISION OF PERITONEAL VENOU	02	N	Referral Required
49495	HERNIA REPAIR-INITIAL INGUIN	04	N	Referral Required
49496	INCARCERATED OR STRANGULATED	04	N	Referral Required
49500	REPAIR INITIAL INGUINAL HERN	04	N	Referral Required
49501	HERNIA REPAIR DIGESTIVE SYST	09	N	Referral Required
49505	REPAIR INITIAL INGUINAL HERN	04	N	Referral Required
49507	INCARCERATED OR STRANGULATED	09	N	Referral Required
49520	REPAIR RECURRENT INGUINAL HE	07	N	Referral Required
49521	INCARCERATED OR STRANGULATED	09	N	Referral Required
49525	REPAIR INGUINAL HERNIA	04	N	Referral Required
49540	HERNIA REPAIR DIGESTIVE SYST	02	N	Referral Required
49550	REPAIR INITIAL FEMORAL HERNI	05	N	Referral Required
49553	HERNIA REPAIR DIGESTIVE SYST	09	N	Referral Required
49555	REPAIR RECURRENT FEMORAL HER	05	N	Referral Required
49557	INCARCERATED OR STRANGULATED	09	N	Referral Required
49560	REPAIR INITIAL INC ISIONAL H	04	N	Referral Required
49561	INCARCERATED OR STRANGULATED	09	N	Referral Required
49565	REPAIR RECURRENT INCISIONAL	04	N	Referral Required
49566	INCARCERATED OR STRANGULATED	09	N	Referral Required
49568	IPLANTATION OF MESH OR OTHER	07	N	Referral Required
49570	REPAIR EPIGASTRIC HERNIA	04	N	Referral Required

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49572	INCARCERATED OR STRANGULATED	09	N	Referral Required
49580	REPAIR UMBILICAL HERNIA-UNDE	04	N	Referral Required
49582	INCARCERATED OR STRANGULATED	09	N	Referral Required
49585	REPAIR UMBILICAL HERNIA, AGE	04	N	Referral Required
49587	INCARCERATED OR STRANGULATED	09	N	Referral Required
49590	HERNIA REPAIR DIGESTIVE SYST	03	N	Referral Required
49600	REPAIR OF SM OMPHALOCELE,WIT	04	N	Referral Required
49650	LAPAROSCOPY INGUINAL HERNIA	04	N	Referral Required
49651	LAPAROSCOPY INGUINAL HERNIA	07	N	Referral Required
49652	LAPARO SURG REP, VENTRAL, UMBIL SP	08	N	Referral Required
49653	INCARCERATED OR STRANGULATED	08	N	Referral Required
49654	LAPAROSURGICAL, REPAIR, INCISIONAL	08	N	Referral Required
49655	INCARCERATED OR STRANGULATED	08	N	Referral Required
49656	LAPAROSURGICAL, REPAIR, RECURRENT	08	N	Referral Required
49657	INCARCERATED OR STRANGULATED	08	N	Referral Required
50200	BIOPSY, RENAL	01	N	Referral Required
50382	REMOVAL AND REPLACEMENT OF INTERNA	01	N	Referral Required
50384	REMOVAL OF INTERNALLY DWELLING UR	01	N	Referral Required
50390	ASPIRATION, RENAL CYST	01	N	Referral Required
50391	INSTALLATION OF THERAPEUTIC AGENT	01	N	Referral Required
50392	CATHETER, RENAL PELVIS	01	N	Referral Required
50393	INTRO URETERAL CATH OR STENT	01	N	Referral Required
50395	INTRO OF GUIDE INTO RENAL PE	01	N	Referral Required
50396	MANOMETRIC STUDIES, KINDEY	01	N	Referral Required
50398	CHANGE NEPHROSTOMY TUBE	01	N	Referral Required
50551	ENDOSCOPY, RENAL	01	N	Referral Required
50553	ENDOSCOPY, RENAL	01	N	Referral Required
50555	ENDOSCOPY, RENAL	01	N	Referral Required
50557	ENDOSCOPY, RENAL	01	N	Referral Required
50561	ENDOSCOPY, RENAL	01	N	Referral Required
50562	RENAL ENDOSCOPY; WITH RESECTION OF	01	N	Referral Required
50688	URETEROSTOMY TUBE CHANGE	01	N	Referral Required
50947	LAPAROSCOPIC URETERONECYSTOSTOMY	09	N	Referral Required
50948	LAPAROSCOPIC URETERONEOCYSTOSTOMY	09	N	Referral Required
50951	URETERAL ENDOSCOPY	01	N	Referral Required
50953	URETERAL ENDOSCOPY	01	N	Referral Required
50955	URETERAL ENDOSCOPY	01	N	Referral Required
50957	URETERAL ENDOSCOPY	01	N	Referral Required
50961	URETERAL ENDOSCOPY	01	N	Referral Required
50970	URETERAL ENDOSCOPY	01	N	Referral Required
50972	URETERAL ENDOSCOPY	01	N	Referral Required
50974	URETERAL ENDOSCOPY	01	N	Referral Required

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50976	URETERAL ENDOSCOPY	01	N	Referral Required
50980	URETERAL ENDOSCOPY	01	N	Referral Required
51020	CYSTOTOMY/CYSTOSTOMY	04	N	Referral Required
51030	CYSTOTOMY/CYSTOSTOMY	04	N	Referral Required
51040	CYSTOTOMY/CYSTOSTOMY	04	N	Referral Required
51045	CYSTOTOMY/CYSTOSTOMY	04	N	Referral Required
51050	CYSTOLITHOTOMY	04	N	Referral Required
51065	CYSTOTOMY	04	N	Referral Required
51080	DRAINAGE, ABSCESS, PERIVESIC	01	N	Referral Required
51500	EXCISION, CYST, URACHAL	04	N	Referral Required
51520	CYSTOTOMY	04	N	Referral Required
51710	CYSTOSTOMY TUBE CHANGE	01	N	Referral Required
51715	ENDOSCOPIC INJECTION OF IMPL	03	N	Referral Required
51726	COMPLEX CYSTOMETROGRAM	01	N	Referral Required
51727	WITH URETHRAL PRESSURE PROFILE STU	02	N	Referral Required
51728	WITH VOIDING PRESSURE STUDIES (IE,	02	N	Referral Required
51729	WITH VOIDING PRESSURE STUDIES(IE,	02	N	Referral Required
51785	NEEDLE ELECTROMYOGRAPHY STD	01	N	Referral Required
51880	CLOSURE, CYSTOSTOMY	01	N	Referral Required
51992	LAPAROSCOPY SLING OPERATION	05	N	Referral Required
52000	CYSTOSCOPY/URETHROSCOPY	01	N	Referral Required
52001	CYSTOURETHROSCOPY W/ IRRIGATION	02	N	Referral Required
52005	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52007	CYSTOURETHROSCOPY W/URETER C	02	N	Referral Required
52010	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52204	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52214	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52224	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52234	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52235	CYSTOSCOPY/URETHROSCOPY	03	N	Referral Required
52240	CYSTOSCOPY/URETHROSCOPY	03	N	Referral Required
52250	CYSTOSCOPY/URETHROSCOPY	04	N	Referral Required
52260	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52270	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52275	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52276	CYSTOURETHROSCOPY WITH DIREC	03	N	Referral Required
52277	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52281	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52282	CYSTOURETHROSCOPY, W/INSERT	09	N	Referral Required
52283	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52285	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52290	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
52300	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52301	CYSTOURETHROSCOPY W/RESECTIO	03	N	Referral Required
52305	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52310	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52315	CYSTOURETHROSCOPY W/REMOVAL	02	N	Referral Required
52317	LITHOLAPAXY-CRUSHING OR FRAG	01	N	Referral Required
52318	LITHOLAPAXY, COMPLICATED	02	N	Referral Required
52320	CYSTOSCOPY/URETHROSCOPY	05	N	Referral Required
52325	CYSTOURETHROSCOPYC/WFRAGMENT	04	N	Referral Required
52327	CYSTOURETHROSCOPY; W/SUBURET	02	N	Referral Required
52330	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
52332	CYSTOURETHROSCOPY, W/INSERT	02	N	Referral Required
52334	CYSTOURETHROSCOPY W/INSERT U	03	N	Referral Required
52341	CYSTOURETHROSCOPY	03	N	Referral Required
52342	CYSTOURETHROSCOPY	03	N	Referral Required
52343	CYSTOURETHROSCOPY	03	N	Referral Required
52344	CYSTOURETHROSCOPY	03	N	Referral Required
52345	CYSTOURETHROSCOPY	03	N	Referral Required
52346	CYSTOURETHROSCOPY	03	N	Referral Required
52351	CYSTOURETHROSCOPY	03	N	Referral Required
52352	CYSTOURETHROSCOPY	04	N	Referral Required
52353	CYSTOURETHROSCOPY	04	N	Referral Required
52354	CYSTOURETHROSCOPY	04	N	Referral Required
52355	CYSTOURETHROSCOPY	04	N	Referral Required
52400	CYSTOURETHROSCOPY	03	N	Referral Required
52402	CYSTOURETHROSCOPY WITH	03	N	Referral Required
52450	TRANSURETHRAL INCISION OF PR	03	N	Referral Required
52500	RESECTION, VESICAL NECK	03	N	Referral Required
52601	RESECTION, PROSTATE	04	N	Referral Required
52630	RESECTION, PROSTATE	02	N	Referral Required
52640	RESECTION, PROSTATE	02	Y	Referral Required
52647	NON-CONTACT LASER COAGULATIO	09	N	Referral Required
52648	CONTACT LASER VAPORIZATION,	09	N	Referral Required
52700	DRAINAGE, ABSCESS, PROSTATE	02	N	Referral Required
53000	URETHROTOMY/URETHROSTOMY	01	N	Referral Required
53010	URETHROTOMY/URETHROSTOMY	01	N	Referral Required
53020	MEATOTOMY	01	N	Referral Required
53040	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
53080	DRAINAGE URINARY EXTRAVASATI	03	N	Referral Required
53200	BIOPSY, URETHRA	01	N	Referral Required
53210	URETHRECTOMY	05	N	Referral Required
53215	URETHRECTOMY	05	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
53220	EXCISION, CARCINOMA, URETHRA	02	N	Referral Required
53230	EXCISION URETHRAL DIVERTICUL	02	N	Referral Required
53235	EXCISION URETHRAL DIVERTICUL	03	N	Referral Required
53240	MARSUP, URETHRAL DIVERTICULU	02	N	Referral Required
53250	EXCISION, BULBOURETHRAL GLAN	02	N	Referral Required
53260	EXCISION, URETHRAL POLYP	02	N	Referral Required
53265	FULGURATION, URETHRAL CARUNC	02	N	Referral Required
53270	EXCISION, SKENES GLANDS	02	N	Referral Required
53275	CYSTOSCOPY/URETHROSCOPY	02	N	Referral Required
53400	URETHROPLASTY	03	N	Referral Required
53405	URETHROPLASTY	02	N	Referral Required
53410	URETHROPLASTY	02	N	Referral Required
53420	URETHROPLASTY	03	N	Referral Required
53425	URETHROPLASTY	02	N	Referral Required
53430	URETHROPLASTY	02	N	Referral Required
53431	URETHROPLASTY FOR INCONTINENCE	02	N	Referral Required
53440	URINARY INCONTINENCE CORRECT	02	N	Referral Required
53442	REMOVAL OF PERINEAL PROSTHES	01	N	Referral Required
53444	INSERTION OF TANDEM CUFF	02	N	Referral Required
53445	PLACEMENT OF INFLATABLE SPHI	01	N	Referral Required
53446	REMOVAL INFLATABLE URETHRAL	01	N	Referral Required
53447	REMOVAL, REPAIR, REPLACE INF	01	N	Referral Required
53449	SURG CORRECT HYDRAULIC ABNOR	01	N	Referral Required
53450	URETHRAL MEATOPLASTY	01	N	Referral Required
53460	CYSTOSCOPY/URETHROSCOPY	01	N	Referral Required
53500	URETHROLYSIS, TRANSVAGINAL	02	N	Referral Required
53502	URETHRORRHAPHY SUTURE URETHR	02	N	Referral Required
53505	URETHRORRHAPHY	02	N	Referral Required
53510	URETHRORRHAPHY	02	N	Referral Required
53515	URETHRORRHAPHY	02	N	Referral Required
53520	URETHROSTOMY CLOSURE	02	N	Referral Required
53605	DILATION, URETHRAL STRICTURE	02	N	Referral Required
53665	DILATION, URETHRA, FEMALE	01	N	Referral Required
53850	TRANSURETHRAL DESTRUCT PROSTATE	09	N	Referral Required
53855	INSERTION OF A TEMPORARY PROSTATIC	01	N	Referral Required
54000	DORSAL SLIT	02	N	Referral Required
54001	DORSAL SLIT	02	N	Referral Required
54015	INCISION & DRAINAGE, PENIS	04	N	Referral Required
54057	DESTRUCTION OF LESION(S), PE	01	N	Referral Required
54060	CONDYLOMATA DESTRUCTION	01	N	Referral Required
54065	CONDYLOMATA DESTRUCTION	01	N	Referral Required
54100	BIOPSY, PENIS	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
54105	BIOPSY, PENIS	01	N	Referral Required
54110	EXCISION, PENILE PLAQUE	02	N	Referral Required
54111	EXCISION PENILE PLAQUE W/GRA	02	N	Referral Required
54112	BIOPSY PENIS W/GRAFT GREATER	02	N	Referral Required
54115	REMOVAL, FOREIGN BODY, PENIS	01	N	Referral Required
54120	AMPUTATION, PENIS	02	N	Referral Required
54150	CIRCUMCISION	01	N	Referral Required
54160	CIRCUMCISION	02	N	Referral Required
54161	CIRCUMCISION	02	N	Referral Required
54162	LYSIS/EXCISION PENILE	02	N	Referral Required
54163	REPAIR INCOMPLETE CIRCUMCISION	02	N	Referral Required
54164	FRENULOTOMY OF PENIS	02	N	Referral Required
54205	INJECTION, PEYRONIES DISEASE	04	N	Referral Required
54220	IRRIGATION, CORPORA CAVERNOS	01	N	Referral Required
54300	STRAIGHTENING OF CHORDEE	03	N	Referral Required
54304	PLASTIC OPERATION ON PENIS/C	03	N	Referral Required
54308	URETHROPLASTY FOR SECOND STA	03	N	Referral Required
54312	URETHROPLASTY 2ND STAGE HYPO	03	N	Referral Required
54316	URETHROPLASTY 2ND STG HYPOSP	03	N	Referral Required
54318	URETHROPLASTY 3RD STAGE REPA	03	N	Referral Required
54322	ONE STAGE DISTAL HYPOSPADIAS	03	N	Referral Required
54324	HYPOSPADIAS REPAIR WITH URET	03	N	Referral Required
54326	ONE STAGE DISTAL HYPOSPADIAS	03	N	Referral Required
54328	ONE STAGE DISTAL HYPOSPADIAS	03	N	Referral Required
54340	REPAIR HYPOSPADIAS COMPLFIST	03	N	Referral Required
54344	REPAIR HYPOSPADIAS COMPLICAT	03	N	Referral Required
54348	HYPO COMP REQUIRING MOBILIZA	03	N	Referral Required
54352	REPAIR HYPOSPADIAS CRIPPLE R	03	N	Referral Required
54360	PLASTIC OPERATION ON PENIS T	03	N	Referral Required
54380	EPISPADIAS	03	N	Referral Required
54385	PLASTIC OPERATION PENIS FOR	03	N	Referral Required
54420	PRIAPISM OPERATION	04	N	Referral Required
54435	CORPORA CAVERNOSA-GLANS PENI	04	N	Referral Required
54440	REPAIR, PENILE INJURY	04	N	Referral Required
54450	FORESKIN MANIPULATION INC LY	01	N	Referral Required
54500	BIOPSY, TESTIS	01	N	Referral Required
54505	BIOPSY, TESTIS	01	N	Referral Required
54512	EXCISION OF TESTIS	02	N	Referral Required
54520	ORCHIECTOMY	03	N	Referral Required
54522	PARTIAL ORCHIECTOMY	03	N	Referral Required
54530	ORCHIECTOMY	04	N	Referral Required
54550	EXPLORATION UNDESCENDED TEST	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
54600	REDUCTION, TORSION OF TESTIS	04	N	Referral Required
54620	FIXATION, CONTRALATERAL TEST	03	N	Referral Required
54640	ORCHIOPEXY	04	N	Referral Required
54670	REPAIR, TESTICULAR INJURY	03	N	Referral Required
54680	TRANSPLANTATION, TESTIS	03	N	Referral Required
54690	LAPAROSCOPY ORCHIECTOMY	09	N	Referral Required
54700	DRAINAGE, TESTIS/EPIDIDYMIS	02	N	Referral Required
54800	BIOPSY, EPIDIDYMIS	01	N	Referral Required
54830	EXCISION, LESION, EPIDIDYMIS	03	N	Referral Required
54840	EXCISION SPERMATOCELE W/WO E	04	N	Referral Required
54860	EPIDIDYMECTOMY UNILATERAL	03	N	Referral Required
54861	EPIDIDYMECTOMY BILATERAL	04	N	Referral Required
55040	HYDROCELECTOMY	03	N	Referral Required
55041	HYDROCELECTOMY	05	N	Referral Required
55060	RPR HYDROCELE TUNICA VAGINAL	04	N	Referral Required
55100	DRAIN SCROTAL WALL ABSCESS	01	N	Referral Required
55110	SCROTAL EXPLORATION	02	N	Referral Required
55120	REMOVAL, FOREIGN BODY, SCROT	02	N	Referral Required
55150	RESECTION, SCROTUM	01	N	Referral Required
55175	SCROTOPLASTY, SIMPLE	01	N	Referral Required
55180	SCROTOPLASTY; COMPLICATED	02	N	Referral Required
55200	VASOTOMY	02	N	Referral Required
55250	VASECTOMY	02	N	
55500	HYDROCELECTOMY, SPERMATIC CO	03	N	Referral Required
55520	EXCISION LESION SPERMATIC CO	04	N	Referral Required
55530	EXCISION, VARICOCELE	04	Y	Referral Required
55535	EXCISION, VARICOCELE	04	Y	Referral Required
55540	EXCISION, VARICOCELE	05	Y	Referral Required
55550	LAPAROSCOPY LIGATION OF SPERMATIC	09	N	Referral Required
55680	EXCISION, CYST, MULLERIAN DU	01	N	Referral Required
55700	BIOPSY, PROSTATE	02	N	Referral Required
55705	BIOPSY, PROSTATE	02	N	Referral Required
55706	BIOPS PROSTATE NDLE, TRNSPRINL, ST	02	N	Referral Required
55720	PROSTATOTOMY	01	N	Referral Required
55725	PROSTATOTOMY	02	N	Referral Required
56440	MARSUP, CYST, BARTHOLINS GLA	02	N	Referral Required
56441	LYSIS OF LABIAL ADHESIONS	01	N	Referral Required
56515	CONDYLOMATA DESTRUCTION	03	N	Referral Required
56620	VULVECTOMY SIMPL; PARTIAL	05	N	Referral Required
56625	VULVECTOMY SIMPLE; COMPLETE	07	N	Referral Required
56700	HYMENECTOMY	01	N	Referral Required
56740	EXCISION, CYST, BARTHOLINS G	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
56800	REPAIR, VULVA	03	N	Referral Required
56810	PERINEOPLASTY REPAIR OF PERI	05	N	Referral Required
56820	COLPOSCOPY OF THE VULVA	01	N	Referral Required
56821	COLPOSCOPY VULVA; W/BIOPSY	01	N	Referral Required
57000	COLPOTOMY	01	N	Referral Required
57010	COLPOTOMY W/DRAINAGE OF PELV	02	N	Referral Required
57020	COLPOCENTESIS/CULDOCENTIS	02	N	Referral Required
57022	I & D OF VAGINAL HEMATOMA	02	N	Referral Required
57023	I & D OF VAGINAL HEMATOMA	01	N	Referral Required
57065	DESTRUCTION EXTENSIVE ANY ME	01	N	Referral Required
57105	BIOPSY, VAGINAL MUCOSA	02	N	Referral Required
57130	EXCISION, VAGINAL SEPTUM	02	N	Referral Required
57135	EXCISION, CYST, VAGINAL	02	N	Referral Required
57155	INSERTION UTERINE TANDEMS	02	N	Referral Required
57180	INTRO ANY HEMOSTATIC AGENT/P	01	N	Referral Required
57200	SUTURE, INJURY, VAGINA	01	N	Referral Required
57210	COLPOPERINEORRHAPHY	02	N	Referral Required
57220	PLASTIC RPR URETHRAL SPHINCT	03	N	Referral Required
57230	PLASTIC REPAIR, URETHROCELE	03	N	Referral Required
57240	ANTERIOR COLPORRHAPHY	05	N	Referral Required
57250	POSTERIOR COLPORRHAPHY	05	N	Referral Required
57260	COLPORRHAPHY COMBINED	05	N	Referral Required
57265	COLPORRHAPHY COMBINED	07	N	Referral Required
57267	INSERTION OF MESH OR OTHER	05	N	Referral Required
57268	ENTEROCELE REPAIR	03	N	Referral Required
57288	SLING OPERATION	05	N	Referral Required
57289	PEREYRA PROCEDURE	05	N	Referral Required
57300	CLOSURE, FISTULA, RECTOVAGIN	03	N	Referral Required
57400	DILATION, VAGINA	02	N	Referral Required
57410	PELVIC EXAM ANESTHESIA	02	N	Referral Required
57415	REMOVAL IMPACTED VAGINAL FB	02	N	Referral Required
57420	COLPOSCOPY OF ENTIRE VAGINA W/ CERV	01	N	Referral Required
57421	COLPOSCOPY OF ENTIRE VAGINA; WITH	01	N	Referral Required
57425	LAPAROSCOPY, SURGICAL	01	N	Referral Required
57426	REVISON (INCL. REMOVAL) OF PROSTHE	02	N	Referral Required
57455	COLPOSCOPY CERVIX INC. UPPER VAGINA	01	N	Referral Required
57456	COLPOSCOPY CERVIX INC. UPPER VAGINA	01	N	Referral Required
57461	COLPOSCOPY CERVIX INC. UPPER VAGINA	01	N	Referral Required
57513	LASAR CAUTERY OF CERVIX	02	N	Referral Required
57520	CONIZATION OF CERVIX W/WO FU	02	N	Referral Required
57522	CONIZATION OF CERVIX; LOOP	02	N	Referral Required
57530	TRACHELECTOMY	03	N	Referral Required

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57550	EXCISION, CERVICAL STUMP	03	N	Referral Required
57556	EXCISION, CERVICAL STUMP	05	N	Referral Required
57700	CERCLAGE OF UTERINE CERVIX,	01	N	Referral Required
57720	TRACHELORRHAPHY	03	N	Referral Required
58120	DILATION AND CURETTAGE DIAGN	02	N	Referral Required
58145	MYOMECTOMY, UTERINE	05	N	Referral Required
58346	INSERTION HEYMAN CAPSULES	02	N	Referral Required
58353	ENDOMETRIAL THERMAL ABLATION	02	N	Referral Required
58356	EDOMETRIAL CRYOBLATION WITH	02	N	Referral Required
58545	LAPAROSCOPY, MYOMECTOMY, EXCISION;	09	N	Referral Required
58546	LAPAROSCOPY, MYOMECTOMY, EXCISION;	09	N	Referral Required
58550	LAPAROSCOPY HYSTERECTOMY	09	Y	Referral Required
58555	HYSTEROSCOPY DIAGNOSTIC	01	N	Referral Required
58558	HYSTEROSCOPY, BIOPSY	03	N	Referral Required
58559	HYSTEROSCOPY LYSIS OF ADHESIONS	02	N	Referral Required
58560	HYSTEROSCOPY RESECT INTRAUTERINE	03	N	Referral Required
58561	HYSTEROSCOPY LEIMYOMATA REMOVAL	03	N	Referral Required
58562	HYSTEROSCOPY FOREIGN BODY REMOVAL	03	N	Referral Required
58563	HYSTEROSCOPY ENDOMETRIAL ABLATION	04	N	Referral Required
58565	HYSTEROSCOPY, SURGICAL;	04	N	Referral Required
58600	TRANSECTION, FALLOPIAN TUBE	04	N	
58605	TRANSECTION, FALLOPIAN TUBE	04	N	
58615	OCCLUSION OF FALLOPIAN TUBE(	04	N	
58660	LAPAROSCOPY LYSIS OF ADHESIONS	05	N	Referral Required
58661	LAPAROSCOPY OOPHORECTOMY	05	N	Referral Required
58662	LAPAROSCOPY FULGURATION	05	N	Referral Required
58670	LAPAROSCOPY FULGURATION	03	N	Referral Required
58671	LAPAROSCOPY OCCLUSION	03	N	Referral Required
58672	LAPAROSCOPY FIMBRIOPLASTY	05	N	Referral Required
58673	LAPAROSCOPY SALPINGOSTOMY	05	N	Referral Required
58800	DRAINAGE, CYST, OVARY	03	N	Referral Required
58820	DRAINAGE, ABSCESS, OVARY	03	N	Referral Required
58900	BIOPSY OF OVARY	03	N	Referral Required
59150	LAPAROSCOPIC TREATMENT ECTOP	02	N	Referral Required
59151	LAPAROSCOPIC TX ECTOPIC PREG	02	N	Referral Required
59160	CURETTAGE POSTPARTUM	03	N	Referral Required
59320	CERCLAGE CX VAGINAL	01	N	Referral Required
59409	VAGINAL DELIVERY ONLY	04	N	
59812	TREATMENT OF SPONT ABORTION	05	N	Referral Required
59820	TREAT MISSED ABORTION COMPLE	05	N	Referral Required
59821	TREATMENT OF MISSED AB TREAT	05	N	Referral Required
59840	ABORTION INDUCED BY DILATIO	05	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
59841	LEGAL(THERAPEUTIC) ABORTION	05	N	Referral Required
59870	UTERINE EVAC + CURETTAGE FOR	05	N	Referral Required
59871	REMOVAL CERCLAGE SUTURE W/ANTETHESI	05	N	Referral Required
60000	DRAINAGE, CYST, THYROGLOSSAL	01	N	Referral Required
60200	EXCISION, CYST, THYROID	02	N	Referral Required
60280	EXCSN, CYST, THYROGLOSSAL DU	04	N	Referral Required
60281	EXCISION THYROGLOSSAL DUCT C	04	N	Referral Required
61020	VENTRICULAR PUNCTURE	01	N	Referral Required
61026	WITH INJECTION OF DRUG OR OT	01	N	Referral Required
61050	CISTERNAL PUNCTURES	01	N	Referral Required
61055	INJECTION OF DRUG OR OTHER SUBSTANC	01	N	Referral Required
61070	PUNCTURE, SHUNT TUBING	01	N	Referral Required
61215	INSERTION OF SUB & RESERVOIR	03	N	Referral Required
61790	STEREOTAXIC LESION	03	N	Referral Required
61791	CREATION LESION STEREOTACTIC	03	N	Referral Required
61885	INSERTION OR REPLACEMENT OF	02	Y	Referral Required
61886	PLACEMENT OF CRANIAL NEUROST	03	Y	Referral Required
61888	REVISION/REMOVAL CRANIAL NEU	01	Y	Referral Required
62194	IRRIGATION, SUBDURAL CATHETE	01	N	Referral Required
62225	IRRIGATION VENTRICULAR CATHETE	01	N	Referral Required
62230	REVISION, OBSTRUCTED VALVE	02	N	Referral Required
62252	REPROGRAMMING OF CSF	01	N	Referral Required
62263	LYSIS OF EPIDURAL ADHESIONS	01	N	Referral Required
62264	LYSIS OF EPIDURAL ADHESIONS; 1 DAY	01	N	Referral Required
62267	PERC ASPIRATION W/IN NUCLEUS PULPO	01	N	Referral Required
62268	PERCUTANEOUS ASPIRATION, SPI	01	N	Referral Required
62269	BIOPSY OF SPINAL CORD, PERCU	01	N	Referral Required
62270	SPINAL PUNCTURE, LUMBAR DIAG	01	N	Referral Required
62272	SPINAL PUNCTURE THERAPEUTIC	01	N	Referral Required
62273	INJECTION, BLOOD/CLOT PATCH	01	N	Referral Required
62280	INJECTION NEUROLYTIC SUBSTAN	01	N	Referral Required
62281	NJ NEUROLYTIC SUBSTANCE EPID	01	N	Referral Required
62282	INJECTION NEUROLYTIC SUBSTAN	01	N	Referral Required
62287	ASPIRATION, PERCUTANEOUS, AN	09	N	Referral Required
62294	ARTERIAL INJECTION PROCEDURE	03	N	Referral Required
62310	EPIDURAL OR SUBARACHNOID INJECTION	01	N	Referral Required
62311	EPIDURAL OR SUBARACHNOID INJECTION	01	N	Referral Required
62318	EPIDURAL OR SUBARACHNOID INJECTION	01	N	Referral Required
62319	EPIDURAL OR SUBARACHNOID INJECTION	01	N	Referral Required
62350	IMPLANTATION CATHETER,RESERV	02	N	Referral Required
62355	REMOVAL IMPLANTED INTRATHECA	02	N	Referral Required
62360	IMPLANT/REPLACE DEVICE FOR D	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
62361	IMPLANT/REPLACE DEVICE,DRUG	02	N	Referral Required
62362	IMPLANT/REPLACE DEVICE,DRUG	02	N	Referral Required
62365	REMOVAL SUBCUTANEOUS RESERVO	02	N	Referral Required
63600	STEREOTAXIC LESION SPINAL CO	02	N	Referral Required
63610	STEREOTAXIC LESION SPINAL CO	01	N	Referral Required
63650	PERCUTANEOUS IMPLANT NEUROST	02	Y	Referral Required
63661	REMOVAL OF SPINAL NEUROSTIMULATOR	02	Y	Referral Required
63662	REMOVAL OF SPINAL NEUROSTIMULATOR	02	Y	Referral Required
63663	REVISION INCL REPLACEMENT, WHEN PE	02	Y	Referral Required
63664	REVISION INCL REPLACEMENT, WHEN PE	02	Y	Referral Required
63685	INSERTION OR REPLACEMENT OF	02	Y	Referral Required
63688	REVISION OR REMOVAL	01	Y	Referral Required
63744	SHUNT, LUMBAR	03	N	Referral Required
63746	SHUNT, LUMBAR	02	N	Referral Required
64410	SOMATIC NERVE BLOCK	01	N	Referral Required
64415	SOMATIC NERVE BLOCK	01	N	Referral Required
64417	SOMATIC NERVE BLOCK	01	N	Referral Required
64420	SOMATIC NERVE BLOCK	01	N	Referral Required
64421	SOMATIC NERVE BLOCK	01	N	Referral Required
64430	SOMATIC NERVE BLOCK	01	N	Referral Required
64479	TRANSFORAMINAL CERVICAL	01	N	Referral Required
64480	TRANSFORAMINAL CERVICAL	01	N	Referral Required
64483	TRANSFORAMINAL LUMBAR OR SACRAL	01	N	Referral Required
64484	TRANSFORAMINAL LUMBAR OR SACRAL	01	N	Referral Required
64490	INJECTION(S), DIAGNOSTIC OR THERAP	01	N	
64491	SECOND LEVEL (SP)	01	N	
64492	THIRD AND ANY ADDITIONAL LEVEL(S)	01	N	
64493	INJECTION(S) DIAGNOSTIC/THERAPEUTI	01	N	
64494	SECOND LEVEL (LIST SEPARATELY IN A	01	N	
64495	THIRD AND ANY ADDITIONAL LEVEL(S)	01	N	
64510	SYMPATHETIC NERVE BLOCK	01	N	Referral Required
64517	SUPERIOR HYPOGASTRIC PLEXUS	01	N	Referral Required
64520	SYMPATHETIC NERVE BLOCK	01	N	Referral Required
64530	INJECTION CELIAC PLEXUS W/WO	01	N	Referral Required
64553	PURCUTANEOUS IMPLANT OF NEUB	01	Y	Referral Required
64561	PERCUTANEOUS IMPLANTAION	03	Y	Referral Required
64573	INCISE FOR IMPLANT OF NEURO	01	Y	Referral Required
64575	IMPLANTATION NEUROSTIMULATOR	01	Y	Referral Required
64577	AUTONOMIC NERVE	01	Y	Referral Required
64580	NEUROMUSCULAR	01	Y	Referral Required
64581	INCISION NEUROSTIMULATOR	03	Y	Referral Required
64585	REVISE/REMOVE PERIPHERAL NEU	01	Y	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
64590	INSERTION OR REPLACEMENT OF	02	Y	Referral Required
64595	REVISE/REMOVE PERIPHERAL NEU	01	Y	Referral Required
64600	DESTRUCTION, SOMATIC NERVE	01	N	Referral Required
64605	DESTRUCTION, SOMATIC NERVE	01	N	Referral Required
64610	DESTRUCTION, SOMATIC NERVE	01	N	Referral Required
64620	DESTRUCTION, SOMATIC NERVE	01	N	Referral Required
64622	DESTRUCTION-PARAVERTEBRALFAC	01	N	Referral Required
64623	DESTRUCT NEUROLYTIC AGENT;JO	01	N	Referral Required
64626	PARAVERTEBRAL FACETJOINT	01	N	Referral Required
64627	PARAVERTEBRAL FACET JOINT	01	N	Referral Required
64630	DESTRUCTION BY NEUROLYTIC AG	02	N	Referral Required
64680	DESTRUCTION, SYMPATHETIC NER	02	N	Referral Required
64681	SUPERIOR HYPOGASTRIC PLEXUS	02	N	Referral Required
64702	NEUROLYSIS	01	N	Referral Required
64704	NEUROLYSIS	01	N	Referral Required
64708	NEUROLYSIS	02	N	Referral Required
64712	NEUROLYSIS	02	N	Referral Required
64713	NEUROLYSIS	02	N	Referral Required
64714	NEUROLYSIS	02	N	Referral Required
64716	NEUROLYSIS AND/OR TRANSPOSIT	03	N	Referral Required
64718	NEUROPLASTY &/OR TRANSPOSE:	02	N	Referral Required
64719	NEUROPLASTY &/OR TRANSPOSE:	02	N	Referral Required
64721	NEUROPLASTY &/OR TRANSPOSE:	02	N	Referral Required
64722	NERVE DECOMPRESSION	01	N	Referral Required
64726	NERVE DECOMPRESSION	01	N	Referral Required
64727	INTERNAL NEUROLYSIS; REQUIRE	01	N	Referral Required
64732	TRANSECTION, NERVE	02	N	Referral Required
64734	TRANSECTION, NERVE	02	N	Referral Required
64736	TRANSECTION, NERVE	02	N	Referral Required
64738	TRANSECTION, NERVE	02	N	Referral Required
64740	TRANSECTION OR AVULSION LING	02	N	Referral Required
64742	TRANSECTION, NERVE	02	N	Referral Required
64744	TRANSECTION, NERVE	02	N	Referral Required
64746	TRANSECTION, NERVE	02	N	Referral Required
64771	TRANSECTION/AVULSION OF OTHE	02	N	Referral Required
64772	TRANSECTION OF OTHER SPINAL	02	N	Referral Required
64774	EXCISION, NEUROMA	02	N	Referral Required
64776	EXCISION, NEUROMA, DIGITAL N	03	N	Referral Required
64778	EXCISION, NEUROMA	02	N	Referral Required
64782	EXCISION, NEUROMA	03	N	Referral Required
64783	EXCISION, NEUROMA	02	N	Referral Required
64784	EXCISION, NEUROMA	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
64786	EXCISION, NEUROMA	03	N	Referral Required
64787	IMPLANTATION OF NERVE END IN	02	N	Referral Required
64788	EXCISION, NEUROFIBROMA	03	N	Referral Required
64790	EXCISION, NEUROFIBROMA	03	N	Referral Required
64792	EXCISION, NEUROFIBROMA	03	N	Referral Required
64795	BIOPSY, NERVE	02	N	Referral Required
64802	EXCISION, NERVES, SYMPATHETI	02	N	Referral Required
64821	SYMPATHECTOMY; RADIAL ARTERY	04	N	Referral Required
64831	SUTURE DIGITAL NERVE HAND/FO	04	N	Referral Required
64832	SUTURE, NERVE	01	N	Referral Required
64834	SUTURE, NERVE	02	N	Referral Required
64835	SUTURE, NERVE	03	N	Referral Required
64836	SUTURE, NERVE	03	N	Referral Required
64837	SUTURE EACH ADDITIONAL NERVE HAND O	01	N	Referral Required
64840	SUTURE POST TIBIAL NERVE	02	N	Referral Required
64856	SUTURE, NERVE	02	N	Referral Required
64857	SUTURE MAJOR PERIPHERAL NERV	02	N	Referral Required
64858	SUTURE OF SCIATIC NERVE	02	N	Referral Required
64859	SUTURE EACH ADDITIONAL MAJOR PERIPH	01	N	Referral Required
64861	SUTURE, NERVE	03	N	Referral Required
64862	SUTURE LUMBAR PLEXUS	03	N	Referral Required
64864	SUTURE FACIAL NERVE	03	N	Referral Required
64865	SUTURE, NERVE	04	N	Referral Required
64870	SUTURE, NERVE	04	N	Referral Required
64872	SUTURE, NERVE	02	N	Referral Required
64874	SUTURE NERVE REQUIRING EXTEN	03	N	Referral Required
64876	SUTURE NERVE; REQUIRING SHOR	03	N	Referral Required
64885	NERVE GRAFT HEAD OR NECK UP	02	N	Referral Required
64886	NERVE GRAFT HEAD OR NECK MOR	02	N	Referral Required
64890	NERVE GRAFT	02	N	Referral Required
64891	NERVE GRAFT	02	N	Referral Required
64892	NERVE GRAFT	02	N	Referral Required
64893	NERVE GRAFT	02	N	Referral Required
64895	NERVE GRAFT	03	N	Referral Required
64896	NERVE GRAFT	03	N	Referral Required
64897	NERVE GRAFT ARM OR LEG UP TO	03	N	Referral Required
64898	NERVE GRAFT MORE THAN 4 CM	03	N	Referral Required
64901	NERVE GRAFT EA ADDITIONAL NERVE	02	N	Referral Required
64902	NERVE GRAFT; MULTIPLE STRAND	02	N	Referral Required
64905	NERVE PEDICLE TRANSFER	02	N	Referral Required
64907	NERVE PEDICLE TRANSFER	01	N	Referral Required
65091	EVISCERATION, OCULAR CONTENT	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
65093	EVISCERATION, OCULAR CONTENT	03	N	Referral Required
65101	ENUCLEATION, EYE	03	N	Referral Required
65103	ENUCLEATION, EYE	03	N	Referral Required
65105	ENUCLEATION, EYE	04	N	Referral Required
65110	EXENTERATION, ORBIT	05	N	Referral Required
65112	EXTENTERATION-ORBIT; W/THERA	07	N	Referral Required
65114	EXENTERATION, ORBIT	07	N	Referral Required
65130	INSERTION, OCULAR IMPLANT	03	N	Referral Required
65135	INSERTION, OCULAR IMPLANT	02	N	Referral Required
65140	INSERTION, OCULAR IMPLANT	03	N	Referral Required
65150	REINSERTION, OCULAR IMPLANT	02	N	Referral Required
65155	REINSERTION OF OCULAR IMPLAN	03	N	Referral Required
65175	REMOVAL, OCULAR IMPLANT	01	N	Referral Required
65235	FOREIGN BODY, EYEBALL	02	N	Referral Required
65260	FOREIGN BODY, EYEBALL	03	N	Referral Required
65265	FOREIGN BODY, EYEBALL	04	N	Referral Required
65270	REPAIR, LACERATION, EYEBALL	02	N	Referral Required
65272	REPAIR LACERATION CONJUNCTIV	02	N	Referral Required
65275	REPAIR LACERATION CORNEA W/W	04	N	Referral Required
65280	REPAIR LACERATION CORNEA PER	04	N	Referral Required
65285	REPAIR LACERATION CORNEA W/R	04	N	Referral Required
65290	REPAIR, WOUND, EXTRAOCULAR	03	N	Referral Required
65400	EXCISION, LESION, CORNEA	01	N	Referral Required
65410	BIOPSY, CORNEA	02	N	Referral Required
65420	TRANSPOSITION, PTERYGIUM	02	N	Referral Required
65426	EXICSION TRANSPOSITION OF PT	05	N	Referral Required
65710	KERATOPLASTY	07	N	Referral Required
65730	KERATOPLASTY	07	N	Referral Required
65750	KERATOPLASTY	07	N	Referral Required
65755	KERATOPLASTY; PENETRATING (I	07	N	Referral Required
65756	ENDOTHELIAL	07	N	Referral Required
65770	KERATOPROSTHESIS	07	N	Referral Required
65772	CORNEAL RELAXING INCISION	04	N	Referral Required
65775	CORNEAL WEDGE RESECTION NO A	04	N	Referral Required
65780	OCULAR SURFACE RECONSTRUCTION	05	N	Referral Required
65781	LIMBAL STEM CELL ALLOGRAFT	07	N	Referral Required
65782	LIMBAL CONJUNCTIVAL AUTOGRAFT	07	N	Referral Required
65800	PARACENTESIS EYE ANTE CHAMBE	01	N	Referral Required
65805	PARACENTESIS EYE ANTE CHAMBE	01	N	Referral Required
65810	PARACENTESIS EYE ANTE CHAMBE	03	N	Referral Required
65815	PARACENTESIS EYE ANTE CHAMBE	02	N	Referral Required
65820	GONIOTOMY	01	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
65850	TRABECULOTOMY AB EXTERNO	04	N	Referral Required
65855	TRABECULOPLASTY BY LASAR SUR	04	N	Referral Required
65865	LYSIS, ADHESIONS, EYE	01	N	Referral Required
65870	LYSIS, ADHESIONS, EYE	04	N	Referral Required
65875	LYSIS, ADHESIONS, EYE	04	N	Referral Required
65880	LYSIS, ADHESIONS, EYE	04	N	Referral Required
65900	REMOVAL EPITHELIAL DOWNGROWT	05	N	Referral Required
65920	REMOVAL IMPLANT MATERIAL, AN	07	N	Referral Required
65930	REMOVAL, BLOOD CLOT, EYE	05	N	Referral Required
66020	INJECTION, EYE, ANTE CHAMBER	01	N	Referral Required
66030	INJECTION, EYE, ANTE CHAMBER	01	N	Referral Required
66130	EXCISION, LESION, SCLERA	07	N	Referral Required
66150	FISTULIZATION, SCLERA	04	N	Referral Required
66155	THERMOCAUTERY, SCLERA	04	N	Referral Required
66160	THERMOCAUTERY, SCLERA	02	N	Referral Required
66165	IRIDENCLEISIS/IRIDOTASIS	04	N	Referral Required
66170	TRABECULECTOMY AB EXTERNO	04	N	Referral Required
66172	TRABECULECTOMY AB EXTERNO W/	04	N	Referral Required
66180	AQUEOUS SHUNT TO EXTRAOCULAR	05	N	Referral Required
66185	REVISION AQUEOUS SHUNT EXTRA	02	N	Referral Required
66220	REPAIR, SCLERAL STAPHYLOMA	03	N	Referral Required
66225	REPAIR, SCLERAL STAPHYLOMA	04	N	Referral Required
66250	REVISION, OPERATIVE WOUND, E	02	N	Referral Required
66500	IRIDOTOMY	01	N	Referral Required
66505	TRANSFIXION IRIDOTOMY	01	N	Referral Required
66600	IRIDECTOMY	03	N	Referral Required
66605	IRIDECTOMY	03	N	Referral Required
66625	IRIDECTOMY	03	N	Referral Required
66630	IRIDECTOMY	03	N	Referral Required
66635	IRIDECTOMY	03	N	Referral Required
66680	REPAIR, IRIS/CILIARY BODY	03	N	Referral Required
66682	SUTURE OF IRIS, CILIARY BODY	02	N	Referral Required
66700	CILIARY BODY DESTRUCTION; DI	02	N	Referral Required
66710	CYCLOPHOTOAGULATION TRANS	02	N	Referral Required
66711	CILIARY BODY DESTRUCTION	02	N	Referral Required
66720	CILIARY BODY DESTRUCION; CRY	02	N	Referral Required
66740	CILIARY BODY DESTRUCTION; CY	02	N	Referral Required
66821	DISCISSION SECONDARY MEMBRAN	02	N	Referral Required
66825	REPOSITION INTRAOCULAR LENS	04	N	Referral Required
66830	REMOVAL SECONDARY MEMBRANOUS CATAR	04	N	Referral Required
66840	LENS MATERIAL REMOVAL	04	N	Referral Required
66850	PHACOFRAGMENTATION, LENS	07	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
66852	REMOVAL LENS MATERIAL, PARS	04	N	Referral Required
66920	EXTRACTION LENS (CATARACT) I	04	N	Referral Required
66930	EXTRACTION LENS (CATARACT) I	05	N	Referral Required
66940	EXTRACTION LENS (CATARACT) E	05	N	Referral Required
66982	EXTRACAPSULAR CATARACT	08	N	Referral Required
66983	INTRACAPSULAR CATARACT EXTRA	08	N	Referral Required
66984	EXTRA CAPSULAR CATARACT REMO	08	N	Referral Required
66985	INSERTION LENS PROSTHESIS SE	06	N	Referral Required
66986	EXCHANGE OF INTRAOCULAR LENS	06	N	Referral Required
67005	REMOVAL VITREOUS ANTERIOR AP	04	N	Referral Required
67010	REMOVAL VITREOUS, SUBTOTAL R	04	N	Referral Required
67015	ASPIRATION, VITREOUS	01	N	Referral Required
67025	INJECTION, VITREOUS SUBSTITU	01	N	Referral Required
67027	IMPLANT/REPLACE INTRAVITREAL DRUG	04	N	Referral Required
67030	DISCISSION, VITREOUS STRANDS	01	N	Referral Required
67031	SEVERING VITREOUS STRANDS ON	02	N	Referral Required
67036	VITRECTOMY, MECHANICAL, PARS	04	N	Referral Required
67039	VITRECTOMY W/FOCAL ENDOLASER	07	N	Referral Required
67040	VITRECTOMY W/ANDOLASAR PANRE	07	N	Referral Required
67041	VITRECTOMY, MECHANICAL, PARS PLANA	07	N	Referral Required
67042	VITRECTOMY, MECHANICAL, PARS PLANA	07	N	Referral Required
67043	VITRECTOMY, MECHANICAL, PARS PLANA	07	N	Referral Required
67107	REPAIR, RETINAL DETACHMENT	05	N	Referral Required
67108	REPAIR, RETINAL DETACHMENT	07	N	Referral Required
67110	RETINAL DETACH BY INJ OF AIR	05	N	Referral Required
67112	REPAIR, RETINAL DETACHMENT	07	N	Referral Required
67113	REPAIR OF COMPLEX RETINAL DETACHME	07	N	Referral Required
67115	RELEASE OF ENCIRCLING MATERI	02	N	Referral Required
67120	REMOVAL IMPLANTED MATERIAL P	02	N	Referral Required
67121	REMOVAL IMPLANTED MATERIAL P	02	N	Referral Required
67141	PROPHYLAXIS RETINAL DETACHME	02	N	Referral Required
67210	DESTRUCTION OF LOCALIZED LES	01	N	Referral Required
67218	DESTRUCITON-RADIATION BY IMP	05	N	Referral Required
67227	DESTRUCTION EXTENSIVE RETINO	01	N	Referral Required
67228	DESTRUCTION RETINOPATHY 1 OR	01	N	Referral Required
67250	SCLERAL REINFORCEMENT	03	N	Referral Required
67255	SCLERAL REINFORCEMENT	03	N	Referral Required
67299	UNLISTED PROCEDURE	01	N	Referral Required
67311	STRABISMUS SURGERY	03	N	Referral Required
67312	STRABISMUS SURGERY	04	N	Referral Required
67314	ONE VERTICAL MUSCLE/EXCLUDIN	04	N	Referral Required
67316	OCULAR ADNEXA TWO OR MORE VE	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
67318	STRABISMUS	04	N	Referral Required
67320	TRANSPOSITION, EYE MUSCLES	04	N	Referral Required
67331	STRABISMUS SURGERY	04	N	Referral Required
67332	STRABISMUS SURGERY	04	N	Referral Required
67334	STRABISMUS SURG BY POSTERIOR	04	N	Referral Required
67335	OCULAR ADNEXA ADJ SUTURO TEC	04	N	Referral Required
67340	STRABISMUS SURG W/EXPLOR AND	04	N	Referral Required
67343	RELEASE EXTENSIVE SCAR TISSU	07	N	Referral Required
67346	BIOPSY OF EXTRAOCULAR MUSCLE	01	N	Referral Required
67400	ORBITOTOMY	03	N	Referral Required
67405	ORBITOTOMY	04	N	Referral Required
67412	ORBITOTOMY	05	N	Referral Required
67413	ORBITOTOMY	05	N	Referral Required
67415	BIOPSY, ORBIT	01	N	Referral Required
67420	ORBITOTOMY	05	N	Referral Required
67430	ORBITOTOMY	05	N	Referral Required
67440	ORBITOTOMY	05	N	Referral Required
67445	ORBITOTOMY W/REMOVAL OF BONE	05	N	Referral Required
67450	ORBITOTOMY	05	N	Referral Required
67550	INSERTION, ORBITAL IMPLANT	04	N	Referral Required
67560	REVISION, ORBITAL IMPLANT	02	N	Referral Required
67570	OPTIC NERVE DECOMPRESSION	04	N	Referral Required
67715	CANTHOTOMY	01	N	Referral Required
67808	EXCISION, CHALAZION	02	N	Referral Required
67830	TRICHIASIS CORRECTION	02	N	Referral Required
67835	TRICHIASIS CORRECTION	02	N	Referral Required
67880	TARSORRHAPHY	03	N	Referral Required
67882	TARSORRHAPHY	03	N	Referral Required
67900	REPAIR OF BROW PTOSIS	04	N	Referral Required
67901	REPAIR, BLEPHAROPTOSIS	05	N	Referral Required
67902	REPAIR, BLEPHAROPTOSIS	05	N	Referral Required
67903	REPAIR, BLEPHAROPTOSIS	04	N	Referral Required
67904	REPAIR, BLEPHAROPTOSIS	04	N	Referral Required
67906	REPAIR, BLEPHAROPTOSIS	05	N	Referral Required
67908	REPAIR, BLEPHAROPTOSIS	04	N	Referral Required
67909	REDUCTION OVERCORRECTED PTOS	04	N	Referral Required
67911	CORRECTION, LID RETRACTION	03	N	Referral Required
67912	CORRECTION LID RETRACTION	03	N	Referral Required
67914	ECTROPION REPAIR	03	N	Referral Required
67916	ECTROPION REPAIR	04	N	Referral Required
67917	ECTROPION REPAIR	04	N	Referral Required
67921	ENTROPION REPAIR	03	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
67923	ENTROPION REPAIR	04	N	Referral Required
67924	ENTROPION REPAIR	04	N	Referral Required
67935	SUTURE, EYELID WOUND	02	N	Referral Required
67950	CANTHOPLASTY	02	N	Referral Required
67961	EXCISION & REPAIR, EYELID	03	N	Referral Required
67966	EXCISION & REPAIR, EYELID	03	N	Referral Required
67971	RECONSTRUCTION, EYELID	03	N	Referral Required
67973	RECONSTRUCTION, EYELID	03	N	Referral Required
67974	RECONSTRUCTION, EYELID	03	N	Referral Required
67975	RECONSTRUCTION, EYELID	03	N	Referral Required
68115	EXCISION, LESION, CONJUNCTIV	02	N	Referral Required
68130	EXCISION, LESION, CONJUNCTIV	02	N	Referral Required
68320	CONJUNCTIVOPLASTY	04	N	Referral Required
68325	CONJUNCTIVOPLASTY	04	N	Referral Required
68326	CONJUNCTIVOPLASTY	04	N	Referral Required
68328	CONJUNCTIVOPLASTY	04	N	Referral Required
68330	CONJUNCTIVOPLASTY	04	N	Referral Required
68335	CONJUNCTIVOPLASTY	04	N	Referral Required
68340	DIVISION SYMBLEPHARON W/WO I	04	N	Referral Required
68360	CONJUNCTIVAL FLAP	02	N	Referral Required
68362	CONJUNCTIVAL FLAP	02	N	Referral Required
68371	HARVESTING CONJUNCTIVAL ALLOGRAFT	02	N	Referral Required
68500	EXCISION, LACRIMAL GLAND	03	N	Referral Required
68505	EXCISION, LACRIMAL GLAND	03	N	Referral Required
68510	BIOPSY, LACRIMAL GLAND	01	N	Referral Required
68520	EXCISION, LACRIMAL SAC	03	N	Referral Required
68525	BIOPSY, LACRIMAL SAC	01	N	Referral Required
68530	REMOVAL FB/DACRYOLITHA, LACR	01	N	Referral Required
68540	EXCISION, TUMOR LACRIMAL GLA	03	N	Referral Required
68550	EXCISION, TUMOR LACRIMAL GLA	03	N	Referral Required
68700	PLASTIC REPAIR, CANALICULI	02	N	Referral Required
68720	DACRYOCYSTORHINOSTOMY	04	N	Referral Required
68745	CONJUNCTIVO-RHINOSTOMY	04	N	Referral Required
68750	CONJUNCTIVO-RHINOSTOMY	04	N	Referral Required
68770	CLOSURE, FISTULA, LACRIMAL S	04	N	Referral Required
68810	PROBING OF NASOLACRINAL DUCT	01	N	Referral Required
68811	PROBING-NASOLACRIMAL DUCT RE	02	N	Referral Required
68815	PROBING-NASOLACRIMAL DUCT W/	02	N	Referral Required
69110	EXCISION, EAR	01	N	Referral Required
69120	EXCISION, EAR	02	N	Referral Required
69140	EXOSTOSIS, AUDITORY CANAL	02	N	Referral Required
69145	EXCISION LESION AUDITORY CAN	02	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
69150	EXCISION LESION AUDITORY CAN	03	N	Referral Required
69205	FOREIGN BODY, AUDITORY CANAL	01	N	Referral Required
69222	DEBRIDEMENT, MASTOIDECTOMY C	02	N	Referral Required
69300	OTOPLASTY	03	Y	Referral Required
69310	RECONSTRUCTION OF EXTERNAL A	03	N	Referral Required
69320	RECONSTRUCTION, AUDITORY CAN	07	N	Referral Required
69421	MYRINGOTOMY INCLUDING ASPIRA	03	N	Referral Required
69436	TYMPANOSTOMY GENERAL ANESTHE	03	N	Referral Required
69440	EXPLORATION, MIDDLE EAR	03	N	Referral Required
69450	TYMPANALYSIS, TRANSCANAL	01	N	Referral Required
69501	TRANSMASTOID ANTROTOMY	07	N	Referral Required
69502	MASTOIDECTOMY	07	N	Referral Required
69505	MASTOIDECTOMY	07	N	Referral Required
69511	MASTOIDECTOMY	07	N	Referral Required
69530	PETROUS APICECTOMY	07	N	Referral Required
69550	EXCISION, AURAL GLOMUS TUMOR	05	N	Referral Required
69552	EXCISION, AURAL GLOMUS TUMOR	07	N	Referral Required
69601	REVISION MASTOIDECTOMY	07	N	Referral Required
69602	REVISION MASTOIDECTOMY	07	N	Referral Required
69603	REVISION MASTOIDECTOMY	07	N	Referral Required
69604	REVISION MASTOIDECTOMY, RESU	07	N	Referral Required
69605	REVISION MASTOIDECTOMY	07	N	Referral Required
69610	REPAIR OF EARDRUM	02	N	Referral Required
69620	MYRINGOPLASTY	02	N	Referral Required
69631	TYMPANOPLASTY	05	N	Referral Required
69632	TYMPANOPLASTY	05	N	Referral Required
69633	TYMPANOPLASTY W/OSSICULAR RE	05	N	Referral Required
69635	TYMPANOPLASTY	07	N	Referral Required
69636	TYMPANOPLASTY	07	N	Referral Required
69637	TYMPANOPLASTY WITH OSSICULAR	07	N	Referral Required
69641	TYMPANOPLASTY	07	N	Referral Required
69642	TYMPANOPLASTY	07	N	Referral Required
69643	TYMPANOPLASTY	07	N	Referral Required
69644	TYMPANOPLASTY	07	N	Referral Required
69645	TYMPANOPLASTY	07	N	Referral Required
69646	TYMPANOPLASTY	07	N	Referral Required
69650	STAPES MOBILIZATION	07	N	Referral Required
69660	STAPEDECTOMY	05	N	Referral Required
69661	STAPEDECTOMY/OTOMY W/FOOTPLA	05	N	Referral Required
69662	REVISION OF STAPEDECTOMY OR	05	N	Referral Required
69666	REPAIR, FISTULA, OVAL WINDOW	04	N	Referral Required
69667	REPAIR, FISTULA, ROUND WINDO	04	N	Referral Required

Procedure Code	Procedure Code Description	ASC Level	PA Indicator	HC Referral
69670	MASTOID OBLITERATION	03	N	Referral Required
69676	TYMPANIC NEURECTOMY	03	N	Referral Required
69700	CLOSURE, POST AURICULAR	03	N	Referral Required
69711	REMOVAL/REPAIR ELECTROMAGNET	01	N	Referral Required
69714	OSSEOINTEGRATED INPLANT	09	Y	Referral Required
69715	OSSEOINTEGRATED IMPLANT	09	Y	Referral Required
69717	OSSEOINTEGRATED IMPLANT	09	Y	Referral Required
69718	OSSEOINTEGRATED IMPLANT	09	Y	Referral Required
69720	DECOMPRESSION, FACIAL NERVE	05	N	Referral Required
69725	DECOMPRESS FACIAL NERVE INC	05	N	Referral Required
69740	SUTURE, FACIAL NERVE	05	N	Referral Required
69745	SUTURE FACIAL NERVE INC MEDI	05	N	Referral Required
69801	LABYRINTHOTOMY	05	N	Referral Required
69802	LABYRINTHOTOMY	07	N	Referral Required
69805	ENDOLYMPHATIC SAC OPERATION	07	N	Referral Required
69806	ENDOLYMPHATIC SAC OPERATION	07	N	Referral Required
69820	FENESTRATION SEMICIRCULAR CN	05	N	Referral Required
69840	REV, FENESTRATION, INNER EAR	05	N	Referral Required
69905	LABYRINTHECTOMY	07	N	Referral Required
69910	LABYRINTHECTOMY	07	N	Referral Required
69915	VESTIBULAR NERVE SECTION	07	N	Referral Required
69930	COCHLEAR DEVICE IMPLANT; W/W	07	Y	Referral Required
75901	MECHANICAL REMOVAL CENTRAL VENOUS	01	N	
75902	REMOVAL OF INRALUMINAL MATERIAL	01	N	
90870	ELECTROCONVULSIVE THERAPY	01	N	Referral Required
92018	OPTHALMOLOGICAL EXAM/EVAL UNDER GEN	01	N	
92502	OTOSCOPY	01	N	Referral Required
95990	REFILLING AND MAINTENANCE OF IMPLAN	01	N	Referral Required
95991	REFILLING AND MAINTENANCE OF IMPLA	01	N	Referral Required
96920	LASER TREATMENT FOR INFLAMMATORY	01	N	Referral Required
96921	LASER TREATMENT INFLAMMATORY SKIN	01	N	Referral Required
96922	LASER TREATMENT FOR INFLAMMATORY	01	N	Referral Required
G0105	COLORECTAL CANCER SCREENING	02	N	
G0121	COLORECTAL CANCER SCREENING	02	N	
G0256	PROSTATE BRACHYTHERAPY	09	N	Referral Required
G0261	PROSTATE BRACHYTHERAPY	09	N	Referral Required